



**Dr. Robert Smith**

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## Sick Leave Note

To Whom It May Concern,

This is to certify that \_\_\_\_\_ has been under my care for a

**[Patient Name]**

medical condition requiring rest and recovery. Below are the details relevant to the sick leave:

- **Date of Visit:** \_\_\_\_\_
- **Diagnosis:** \_\_\_\_\_
- **Duration of Leave:** \_\_\_\_\_ days

I recommend that the patient refrains from work-related activities during this period to ensure proper recovery and avoid any complications.

Feel free to contact my office for any further information or clarification.

Thank you for your understanding.

Best regards,

*Robert Smith*

**[Dr. Name]**

**[Medical License Number]**