



Dr. Robert Smith

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## Simple Doctor's Note for Work

To Whom It May Concern,

This is to certify that \_\_\_\_\_ (Patient Name) was evaluated by me on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and, due to medical reasons, is advised to refrain from work from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . The patient is expected to return to work on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , with or without restrictions as necessary.

If further information is required, please contact my office.

Sincerely,

Physician's Name: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Contact Information: \_\_\_\_\_

*Robert Smith*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_