



Dr. Robert Smith

Doctor Note

To Whom It May Concern,

This is to certify that _____, was seen and evaluated at my

[Patient's Name]

office on _____ due to _____.

[Visited Dated] [Brief medical reason of absence]

The patient was advised to take a medical leave from _____ to

[Start Date]

_____ to allow allow for proper rest and recovery.

[End Date]

If further accommodations or verification are required, please feel free to contact my office.

Sincerely,

Robert Smith

[Doctor's Name, Credentials]

[Medical License Number]

[Clinic/Hospital Name]

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