

[Your Name]  
[Your Title/Position]  
[Your Practice/Facility Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient Name]  
[Recipient Title/Position]  
[Organization/School/Company Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to inform you that [Patient's Full Name], was seen in my office on [Date of Visit] and has been diagnosed with [Brief Description of the Medical Condition].

Due to this condition, [he/she/they] is unable to [attend school/work/participate in activities] from [Start Date] to [End Date].

[He/She/They] requires this time to rest and recover fully.

Please feel free to contact my office if you would like to discuss this further.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Credentials]

[Your Practice/Facility Name]