

[Doctor's Letterhead]  
[Doctor's Name]  
[Doctor's Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

To Whom It May Concern,

I am writing to confirm that [Patient's Name], has been under my care and requires medical leave due to [specific medical condition or reason].

[He/She/They] will need to take time off from [start date] to [end date] to focus on recovery. During this period, I recommend [he/she/they] refrain from work-related responsibilities.

Thank you for your understanding.

Sincerely,

[Doctor's Signature]  
[Doctor's Printed Name]  
[Medical License Number]  
[Practice Name]