

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]
Subject: Medical Certificate

Dear [Recipient's Name],
I hope this letter finds you well. This is to certify that [Patient's Full Name], [patient's age], has been under my care from [start date] to [end date].

During this period, [Patient's Full Name] has been diagnosed with [specific medical condition]. Due to this condition, it is my professional opinion that [he/she/they] should refrain from [specific activities or duties] for a period of [duration] to ensure proper recovery.

The patient is advised to follow the prescribed treatment plan, which includes [brief description of treatment, if applicable]. Regular follow-ups are necessary to monitor [his/her/their] progress.

Should you require any further details or clarification, please feel free to contact my office at [phone number] or [email address].

Thank you for your understanding.

Sincerely,

[Your Signature]
[Your Name]
[Your Qualifications]
[Medical Practice Name]
[Medical Practice Address]
[City, State, Zip Code]
[Medical License Number]