

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

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Organization's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to provide you with a medical certificate for [Patient's Name], who was under my care from [Start Date] to [End Date].

This letter serves to confirm that [Patient's Name] was diagnosed with [Medical Condition] and required [Describe Treatment or Recommendations].

As a result, [he/she/they] was advised to refrain from [Specify Activities] during the recovery period to ensure optimal health and recovery.

Please feel free to contact my office at [Your Phone Number] if you require any further information.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Medical Title/Position]  
[Your Medical Institution or Practice Name]  
[Medical License Number]