

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

Dear [Recipient's Name],

I am writing to certify that [Patient's Name] has been under my care from [Start Date] to [End Date]. During this time, I have evaluated their medical condition and confirm that they [describe the condition and any limitations if applicable].

[Optional: Brief summary of the treatment or lifestyle modifications recommended.]

This letter is provided upon the patient's request for the purpose of [state the purpose, e.g., employment, school, etc.].

Please feel free to contact me at [Phone Number] or [Email Address] if you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Name]
[Your Title/Position]
[Your Practice/Organization Name]