

Doctor's name:

Medical practice/Hospital name:

Address:

Phone number:

Email address:

Date:

To whom it may concern,

This is to certify that _____ has been under my care and is currently being treated for _____. As a result, they are advised to _____ for a period of _____. Please feel free to contact our office for any further information or clarification.

Sincerely,

Doctor's name:

Medical license number: