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Dear \_\_\_\_\_,

**Re: Medical Certification/Letter**

I am writing to provide medical documentation in support of \_\_\_\_\_'s medical condition. As the attending physician at \_\_\_\_\_, I have examined \_\_\_\_\_ and am providing the following information for your records.

Patient Information:

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Medical Record Number: \_\_\_\_\_

Diagnosis:

Treatment Plan:

Functional Limitations:

Anticipated Duration of Treatment:

Recommendations:

I trust that this information will be helpful in understanding and addressing \_\_\_\_\_'s medical needs. If you require any additional information or clarification, please do not hesitate to contact me at \_\_\_\_\_.

Thank you for your attention to this matter.

Sincerely,

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