
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,
