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| **DOCTOR NOTE**321 NW, Loop 123, Suite P12**PH:** +1 234.567.4 - **FX:** 1 234.567.4**Dr. Alex Smith. MD** |  |
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| **Patient Name:** |  | **Date of Birth:** |  |
| **To whom it may concern:**This is to confirm that the above-mentioned patient was under my care from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ for medical reasons and was unable / will not be able to attend work during this period. |
| [ ]  | The patient may return to work on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| [ ]  | The patient should work no more than: \_\_\_\_\_ hours a day until \_\_\_/\_\_\_\_/ \_\_\_. |
| [ ]  | The patient can return to work with no limitation. |
| **Recommendation:**  |
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|  |
| Alex Smith |  |
| Dr. Alex Smith. MD |  |
| 22/Nov/2092 |  |