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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** | | | | | |  | |
|  | | |  | | | | |
| **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 | | | |  | | | |