Doctor Note Sample

**Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification of Medical Consultation**

This is to certify that [Patient's Name], born on [DOB], has been examined on [Date of Examination] with findings of [Diagnosis/Condition]. It is medically advised for the patient to undergo a period of recovery lasting from [Start Date] to [End Date].

**During this recovery period, the patient is:**

* **Excused from physical activities/work/school.**
* **Advised to follow the prescribed treatment and medication plan.**

**Follow-Up**: A follow-up consultation is scheduled for [Follow-Up Date] to assess the progress of recovery.

**Physician's Information:**

* **Name: Dr. [Name]**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**