

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:** _____