

Doctor Note Template

Doctor's Name & Contact Information

- **Name:** Dr. Jane Doe
- **Address:** 123 Health St, Wellness City, State, ZIP
- **Phone:** (123) 456-7890
- **Email:** drjane@healthclinic.com

Date: _____

Patient Information

- **Name:** _____
- **Date of Birth:** _____
- **Patient ID:** _____

Note

I have examined the above-named patient and confirm that they:

- **Require medical leave from work/school due to their condition.**
- **Do not require medical leave but may need the following accommodations:**

Condition: _____

Treatment Plan: _____

Recommended Period of Rest: _____

Additional Recommendations: _____

Physician's Signature: _____