
Doctor Notes for Work

Date: _____

To Whom It May Concern,

This letter verifies that my patient, [Patient's Name], has been under my care for [Condition]. Due to the nature of their medical condition, it is necessary for them to be excused from work from [Start Date] to [End Date]. During this period, they should be allowed a flexible schedule for medical visits and recovery time.

Patient Name: _____

Diagnosis: _____

Expected Return to Work Date: _____

Contact Information for Verification:

- **Doctor's Name:** _____
- **Phone Number:** _____

Signature: _____