

# Real Doctors Note for Work PDF

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[Clinic/Hospital's Letterhead]

## Doctor's Note

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

To Whom It May Concern,

This is to certify that [Patient's Name] was evaluated and treated at our clinic on [Date of Visit]. Due to [medical condition], the patient is advised to refrain from work from [Start Date] to [End Date].

Diagnosis and Treatment:

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Recommendations:

- Rest at home
- Follow-up visit on [Date]
- Medication prescribed
- Further tests required

Remarks:

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**Doctor's Information:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:**

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**Contact Information:**

- **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_