

Real Doctors Note for Work with Signature

[Clinic/Hospital's Letterhead]

Doctor's Note

Patient's Name: _____

Date of Birth: _____

Date of Visit: _____

To Whom It May Concern,

This letter is to confirm that [Patient's Name] was assessed and treated on [Date of Visit]. Due to [medical condition], the patient will require leave from work starting [Start Date] and ending [End Date].

Medical Assessment:

- Diagnosis: _____
- Symptoms Observed: _____
- Treatment Given: _____

Recommendations:

Recommendation	Details	Follow-up Date	Notes
Rest	_____	_____	_____

Medication	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Follow-up visit	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Further testing	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Remarks:

Physician's Information:

Name: _____

Title: _____

Signature:

Contact Information:

- **Phone:** _____
- **Email:** _____
- **Address:** _____

Date: _____