

Real Doctors Note for Work PDF

[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:

Recommendations:

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

Remarks:

Doctor's Information:

Name: _____

Title: _____

Signature:

Contact Information:

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

Date: _____