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# 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	_____	_____	_____

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<b>Medication</b>	_____	_____	_____
	_____	-	-
<b>Follow-up visit</b>	_____	_____	_____
	_____	-	-
<b>Further testing</b>	_____	_____	_____
	_____	-	-

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

**Physician's Information:**

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

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

**Signature:**

\_\_\_\_\_

**Contact Information:**

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

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