

# Medical License Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a formal verification of medical license for

**[Physician's Full Name]**

License Number: **[License Number]**

Issued State: **[State of Issue]**

Specialty: **[Physician's Specialty]**

The above-mentioned physician holds an active and unrestricted license to practice medicine in the state of [State Name]. This verification is being provided as part of the credentialing process for [Name of Credentialing Service or Institution].

Please feel free to contact our office at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[Your Phone Number]