

# Medical License Verification

Date: [Insert Date]

[Recipient Name]

[Recipient Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

This letter is to verify the medical license of [Physician's Full Name], who is being considered for employment at your facility. Please find the relevant details below:

- **Physician's Name:** [Physician's Full Name]
- **License Number:** [License Number]
- **State of Licensure:** [State]
- **Issue Date:** [Issue Date]
- **Expiration Date:** [Expiration Date]

As per our records, [Physician's Full Name] holds an active medical license and is in good standing with no disciplinary actions reported.

If you require any further information, please do not hesitate to contact our office at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Organization Address]

[City, State, Zip Code]