

# Medical License Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify the medical license of Dr. [Full Name], who has been an esteemed member of the medical community and is seeking to practice internationally.

Dr. [Full Name] holds a valid medical license issued by [Issuing Authority] in [Country]. The details of the license are as follows:

- **License Number:** [License Number]
- **Issued Date:** [Issued Date]
- **Expiry Date:** [Expiry Date]
- **Specialty:** [Medical Specialty]

We confirm that Dr. [Full Name] has adhered to all legal and professional requirements to maintain this license in good standing.

If you have any questions or require further information regarding this verification, please feel free to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Address]

[Phone Number]

[Email Address]