

Medical License Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to formally verify the medical license of Dr. [Insert Doctor's Name], holder of the medical license number [Insert License Number]. Dr. [Insert Last Name] is currently licensed to practice medicine in the state of [Insert State].

Dr. [Insert Last Name] was issued this license on [Insert Issue Date] and is in good standing with the [Insert Licensing Board] as of [Insert Current Date]. The details of Dr. [Insert Last Name]'s qualifications and any specialty designations can be provided upon request.

This verification is being provided for legal purposes and may be used accordingly.

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

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]