

Physician's Confirmation Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a formal confirmation that [Patient's Name], born on [Patient's Date of Birth], is currently under my care and has been diagnosed with [Medical Condition].

[Patient's Name] requires appropriate medical attention and treatment, and it is important that [he/she/they] continue to receive necessary medical support as part of [his/her/their] health management plan.

Please do not hesitate to contact my office should you require any further information regarding [Patient's Name]'s medical status.

Thank you for your attention to this matter.

Sincerely,

[Physician's Name]
[Medical License Number]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[Phone Number]
[Email Address]