

Medical Certification

Doctor's Name: Dr. John Smith

Practice Name: HealthCare Clinic

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Date: October 26, 2023

To Whom It May Concern:

This letter is to certify that [**Patient's Name**], born on [**Date of Birth**], has been under my care since [**Start Date of Care**]. The patient has been diagnosed with [**Diagnosis**].

Due to the patient's condition, they are required to [**Treatment/Procedure**]. Consequently, I recommend that the patient is excused from work/school/military service from [**Start Date**] to [**End Date**].

Please feel free to contact my office if you require any further information.

Sincerely,

Dr. John Smith

Medical License Number: [License Number]