

# Doctor's Note

Date: \_\_\_\_\_

To Whom It May Concern,

This is to confirm that **[Patient's Name]** has been under my care on **[Dates of Absence]** and was unable to attend school due to a medical condition.

Please excuse their absence during this period.

If you have any questions, feel free to contact my office.

Sincerely,

**[Doctor's Name]**

**[Doctor's Signature]**

**[Medical Practice Name]**

**[Contact Information]**