

# Doctor's Recommendation for Leave

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Patient's Name] for medical leave from [Start Date] to [End Date]. Due to [specific medical condition], it is essential that they take this time off to focus on their recovery.

[Patient's Name] has been under my care since [Start Date of Treatment], and it is my professional opinion that this leave is necessary for their health and well-being.

Please feel free to contact my office at [Doctor's Phone Number] should you require any further information.

Thank you for your understanding.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Facility Name]

[Contact Information]