Sample Physician’s Note

Date

Physician’s Name  
Address  
City, State Zip Code

To Whom It May Concern:

Please accept this letter as documentation that I treated [insert Name of Employee] during an appointment in my office on Monday, May 9, 20XX, at 2:00 p.m.

Should you need additional confirmation, please feel free to contact my office staff at (XXX) XXX-XXXX.

Sincerely,

Physician’s Signature (hard copy letter)

Physician’s Typed Name, M.D.