**Doctors Excuse Note**

[Doctor’s Name]

[Doctor’s Title]

[Doctor’s Office Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

[Date]

[Recipient’s Name]

[Recipient’s Title e.g. Principal, Supervisor]

[Institution/organization Name]

[Complete Address]

[City, State, ZIP Code]

Re: Medical Excuse for [Patient’s Full Name]

Dear [Recipient’s Name],

I am writing to provide a medical excuse note for my patient, [Patient’s Full Name], who was under my care from [date] to [date]. Due to medical confidentiality and HIPAA regulations, I am unable to provide specific details regarding their condition. However, please be advised that [Patient’s Full Name] was unable to attend [school/work] during the above-mentioned period due to a medical situation that required attention and/or treatment.

I have advised [Patient’s Full Name] on any necessary accommodations or restrictions that should be followed upon their return to [school/work]. These may include, but are not limited to:

* [Accommodation/Restriction #01]
* [Accommodation/Restriction #02]
* [Accommodation/Restriction #03]

These accommodations/restrictions will be in place for a period of [number of days/weeks], starting from [date]. It is important for [Patient’s Full Name] 's health and recovery that these recommendations are followed. If any issues arise or further accommodations are needed, I kindly request that you contact me at your earliest convenience.

In addition, [Patient’s Full Name] may require follow-up appointments and/or treatment. As their healthcare provider, I would appreciate your understanding and flexibility in allowing [Patient’s Full Name] to attend these appointments as needed.

Thank you for your understanding and support in ensuring the well-being of [Patient’s Full Name]. If you have any questions or need further clarification, please do not hesitate to contact me.

Sincerely,

[Doctor’s Name]

[Doctor’s Title]

[Doctor’s Signature]