## **DOCTOR’S NOTE FOR WORK**

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| **Doctor/Clinic name:** |
| **State/City/ Road:** |
| **Name:** |
| **Gender:** |
| **Age:** |
| **Medical Facility:** |
| **Date:** |

Dear,

Kindly allow **[patient’s name]** to rest for the next two days from today. After my examination I have found out that they are yet to cure from a serious throat infection. I have prescribed proper medication besides recommending high intake of warm fluids.

Thank you for your cooperation.

**[Doctor’s Name]**

**[Doctors Signature]**