## **DOCTOR’S NOTE FOR TRAVEL**

|  |  |
| --- | --- |
| **Date:** | **Time:** |
| **Name:** | **Gender:** |
| **Age:** |
| **Address:** |
|  |
| **Medical facility:** | **Title:** |
| **Physician:** |
| **Physician’s Address:** |
|  |

Sub: **[Patients Name]**

Dear **[Recipient’s Name],**

This note confirms that **[patient’s name]** has had a knee fracture and will be unable to travel for two months to allow healing. I this regard, I request you to grant the patient two months leave. Please contact me if you need further information.

Sincerely,

**[Doctor’s Signature]**

**[Doctors Name]**