**DOCTOR’S NOTE**

To whom it may concern.

I am writing this note to confirm that **[PATIENT'S NAME]**  was seen at **[URGENT CARE FACILITY NAME]**  on **[DATE OF VISIT]** due to  **[REASON FOR VISIT]**.

**[PATIENT'S NAME]**  was diagnosed with **[DIAGNOSIS]** and was prescribed **[TREATMENT PLAN]**  for their condition.

Due to the severity of the condition and the treatment plan, **[PATIENT'S NAME]**  is unable to work or attend school until **[EXPECTED DATE OF RETURN]**.

I recommend that **[PATIENT'S NAME]**  receive the necessary rest and follow the prescribed treatment plan to ensure a speedy and successful recovery.

Please let me know if you have any further questions or concerns.

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| Signature |  | Date |