## Sample Doctor's Note for Work

Name of Medical Clin	iic
Address	
Phone Number	
Patient's Records	
Name:	Gender:
Age:	Date:
Dear	
Please allow	(patient's name) from effective
	days, due to the following medical condition.
Illuses and muse mintic	
Illness and prescription	on
Sincerely	
(Signature of the doct	or).