

Doctor's Excuse Note Template

[Practice Name]

[Address Line 1]

[Address Line 2]

[Date]

[Patient Name]

[Sex or Gender]

[Date of Birth]

This is to certify that [patient's name] has been under my care from [start date] to [end date].

During this period, [patient's full name] was diagnosed with [diagnosis] and was advised to take leave from [start date of leave] to [end date of leave].

The patient is now fit to resume [work or school] on [resumption date].

If you have any further questions, please do not hesitate to contact me.

Yours sincerely,

[Your Full Name]

[Your Title]

[Your Contact Information]

Note: Note: You can auto-fill files like this when using Sully, your superhuman team of AI-employees for healthcare. Loved by healthcare organizations with over 30,000 providers.

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