

# Dr. First Last Name

General Physician, Internal Medicine Specialist  
MRCP (UK), FRCP (LONDON), FRCP (Edinburgh)  
123-456-7890, email@yourwebsite.com

Date: \_\_\_\_\_

**Subject:** To Whom It May Concern:

**Please Excuse:** [Patient Name] \_\_\_\_\_

**From:**

☐ Work

☐ School

☐ Other: \_\_\_\_\_

**Due To:**

☐ Injury

☐ Illness

☐ Others: \_\_\_\_\_

**For the dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Doctor's Comments:**

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\_\_\_\_\_  
Doctor Name & Signature