Medical Appointment Verification Letter from Doctor

To Whom It May Concern,

This letter confirms that [Patient Name] had a medical appointment at our facility on [Date] at [Time].

The appointment lasted approximately [duration].

The patient was seen by [Doctor's Name] for [general reason without specific diagnosis, e.g.,

"routine consultation" or "medical evaluation"].

If you require any additional information, please contact our office at [Phone Number].

Sincerely,

[Doctor's Name]

[Medical License Number]

[Clinic Name]

[Clinic Address]

[Date]

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