Medical Leave Of Absence Letter From Doctor

[Doctor's Name]

[Doctor's Address]

[City, State, ZIP Code]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/School Name]

[Company/School Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally recommend a medical leave of absence for my patient, [Patient's Name], who is currently under my care. [Patient's Name] has been diagnosed with [Medical Condition], and I believe that taking a medical leave of absence is essential to their recovery and overall well-being.

Based on my evaluation, it is my professional opinion that [Patient's Name] requires adequate time to undergo treatment, therapy, and rest in order to effectively manage their condition. During this period, [Patient's Name]'s ability to perform their duties at [Company/School Name] may be significantly impacted by the medical condition and its associated treatment.

I recommend that [Patient's Name] be granted a medical leave of absence starting from [Start Date] and lasting until [End Date]. This timeframe aligns with the treatment plan and recovery timeline that we have discussed. [Patient's Name]'s condition will be re-evaluated periodically, and I will provide updates on their progress as necessary.

It is my hope that [Company/School Name] can support [Patient's Name] during this challenging time by granting them the necessary leave and making any reasonable accommodations to facilitate their recovery and eventual return to their responsibilities.

Please feel free to contact me if you require any further information or if you have any questions

regarding [Patient's Name]'s condition and treatment plan. I can be reached at [Phone Number] or [Email Address].

Thank you for your understanding and consideration.

Sincerely,

[Doctor's Signature]

[Doctor's Name]

[Medical License Number]

[Contact Information: Phone Number, Email Address]

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