Extended Medical Leave Letter from Doctor

Subject: Extended Medical Leave for [Patient Name]

Dear [Employer/School Name],

I am writing to inform you that [Patient Name] requires an extended leave of absence from [Start Date] to [End Date] due to ongoing medical treatment. It is critical for [his/her/their] full recovery to follow this recommendation strictly.

Kindly update your records accordingly, and contact me if further information is needed.

Sincerely,

[Doctor Name]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information]

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