

Sincerely,

[Signature]

**[Physician's Full Name], [Medical Degree, e.g., MD or DO]**

[Medical Board Certifications, e.g., Board Certified in Internal Medicine]

Attending Physician, [Department Name]

[Hospital or Clinic Name]

[Medical License Number]

[NPI Number]

[Office Address]

[City, State, Zip Code]

Phone: [Phone Number]

Fax: [Fax Number]

Email: [Email Address]