

Date: [Date of Issue]

To Whom It May Concern,

This letter is to confirm that **[Patient Full Name]** (Date of Birth: **[DOB]**) attended a medical appointment at **[Clinic/Hospital Name]** on **[Date of Appointment]**.

The patient was seen by **[Provider Name/Title]**. The appointment began at **[Start Time]** and concluded at **[End Time]**.

The patient is cleared to return to [work/school] on: **[Date/Time of Return]**.

Special Instructions/Restrictions (if any):

[None / List any physical limitations or medications]

If you require further verification, please contact our office at [Phone Number].

Sincerely,

[Signature of Medical Professional or Administrative Staff]

[Printed Name and Title]

[Clinic/Facility Name]

[Clinic Address]