

[Date]

[Name of Recipient/Organization]

[Department]

[Street Address]

[City, State, Zip Code]

RE: Authentication of Health Care Provider Certification

To Whom It May Concern,

I am writing to formally authenticate the attached Health Care Provider Certification for **[Patient Name]**, dated **[Date of Original Document]**.

I confirm that I am a licensed **[Type of Provider, e.g., Physician/Nurse Practitioner]** and that the aforementioned document was prepared and signed by me (or under my direct supervision) in the regular course of professional treatment. The medical facts and recommendations contained within the certification are accurate and remain in effect as of the date of this letter.

Provider Credentials:

- License Number: [License Number]
- State of Licensure: [State]
- Practice Name: [Clinic/Hospital Name]

Should you require further verification or have specific questions regarding this certification, please contact my office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]