

[Clinic Letterhead / Clinic Name]  
[Address]  
[Phone Number]  
[Date]

To: [Employer Name / HR Department]  
[Company Name]  
[Company Address]

**RE: Medical Support for FMLA Extension - [Patient Name]**  
**Date of Birth: [Patient DOB]**

To Whom It May Concern,

I am the treating physician for [Patient Name]. This letter serves as formal medical documentation to support an extension of [Patient Name]'s Family and Medical Leave Act (FMLA) leave due to a continuing serious health condition.

[Patient Name] has been under my care since [Date]. Due to ongoing medical necessity, the patient is currently unable to perform the essential functions of their job. Therefore, I am recommending an extension of their current leave of absence.

The updated period of incapacity is expected to continue until [New Return to Work Date]. At that time, I will re-evaluate the patient's condition to determine if they can return to full duty, return with restrictions, or if further leave is required.

This extension is medically necessary for the patient to complete their prescribed treatment plan and ensure a safe recovery. Please update the patient's FMLA records to reflect this new duration.

If you require additional clinical information or have specific forms for completion, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]  
[Medical License Number]  
[Clinic Name]