

[Clinic Name]  
[Specialist Name, Title]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

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

To Whom It May Concern,

I am the treating specialist for [Patient Name] regarding their ongoing medical condition. I am writing to formally support an extension of [Patient Name]'s current Family and Medical Leave Act (FMLA) leave.

The patient remains under my clinical care. Due to the nature of their condition, they require additional time for [recovery / ongoing treatment / rehabilitation] before they can safely return to their job duties. It is my professional medical opinion that a continuous leave of absence is necessary for the patient's health and stabilization.

**Current Leave Extension Details:**

The patient's leave was originally scheduled to end on [Original End Date]. We are requesting an extension through [New Requested End Date].

We anticipate that the patient will be able to return to work on [Estimated Return Date], pending a follow-up evaluation. At that time, we will provide a formal release or update regarding any necessary work restrictions.

Thank you for your assistance in this matter. Please contact our office if you require further medical certification or documentation.

Sincerely,

[Signature]  
[Specialist Name, Degree]  
[Medical License Number]