

[Date]

[Employer Name]

[Employer Address]

[City, State, Zip Code]

RE: FMLA Extension Recommendation for [Patient Name]

Date of Birth: [Patient DOB]

To Whom It May Concern:

I am the attending healthcare provider for [Patient Name]. This letter serves as a formal recommendation for an extension of the patient's current leave under the Family and Medical Leave Act (FMLA).

The patient has been under my care for a serious health condition. Due to ongoing symptoms and the required course of treatment, the patient remains unable to perform the essential functions of their job position. Therefore, I am recommending an extension of their medical leave of absence.

Original Leave End Date: [Original Date]

New Estimated Return to Work Date: [New Date]

During this extended period, the patient will continue to undergo [brief description of treatment/recovery, e.g., rehabilitation, medication adjustment, or post-operative care]. I will re-evaluate the patient's condition on [Follow-up Appointment Date] to determine if they can return to work at full capacity or with specific restrictions.

If you require additional medical certification or have further questions, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, MD/DO/NP/PA]

[Clinic/Hospital Name]

[License Number]