

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

[Date]

To Whom It May Concern:

RE: Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]

This letter is to provide medical documentation regarding the ongoing health condition of [Patient Name]. This patient has been under my care since [Date].

Due to a serious health condition, the patient is unable to perform the essential functions of their job. While the patient was previously scheduled to return to work on [Original Return Date], it has been determined that an extension of their medical leave is necessary for continued treatment and recovery.

I am recommending that the patient's FMLA leave be extended from [Current End Date] through [New Estimated Return Date].

During this period, the patient will remain under medical supervision and undergo [Brief description of treatment, e.g., rehabilitation, medication adjustment, or monitoring]. We will re-evaluate the patient's condition on [Next Appointment Date] to determine their fitness for duty.

If you require additional information or have specific forms for completion, please contact our office.

Sincerely,

[Physician Signature]

[Physician Name, Title]
[Medical License Number]