

[Date]

[Employer Name]

[Employer Address]

[City, State, Zip Code]

RE: FMLA Extension Request for [Patient Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

This letter serves as a formal medical justification for an extension of the Family and Medical Leave Act (FMLA) leave for my patient, [Patient Name].

[Patient Name] has been under my clinical care for a serious health condition. While progress has been made, the patient continues to experience symptoms that prevent them from performing the essential functions of their job. Specifically, the patient requires additional time for [Brief Reason: e.g., ongoing treatment, recovery from surgery, medication adjustment, or physical therapy].

Based on my clinical assessment, I am recommending an extension of their current leave. The revised estimated date for the patient's return to work is [New Return Date].

At that time, we will re-evaluate the patient's condition to determine if they can return to full duty or if temporary work restrictions will be necessary.

Thank you for your cooperation in this matter. Please contact my office at [Phone Number] if you require further clarification.

Sincerely,

[Physician Signature]

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

[Clinic Name]

[Clinic Address]