

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

[Date]

To Whom It May Concern,

This letter is to certify that my patient, **[Patient Name]**, is currently under my professional care for pregnancy-related medical supervision.

The patient was seen at our clinic on **[Date of Appointment]** at **[Time]** for a scheduled pre-natal examination.

Due to the nature of this medical appointment, the patient was required to be absent from work/school for:

The full day

The following hours: [Start Time] to [End Time]

The patient is cleared to return to their normal duties on [Return Date].

If you require any further verification, please contact our office during business hours.

Sincerely,

[Signature of Medical Provider]

[Printed Name of Medical Provider]

[Title/Medical License Number]