

[Doctor's Name / Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

**To Whom It May Concern,**

This letter serves to certify that my patient, **[Patient Name]**, (Date of Birth: [DOB]), is currently under my professional care for pregnancy-related complications.

Due to the medical nature of these complications, I have placed [Patient Name] on **mandatory bed rest** effective as of [Start Date].

**Specific Restrictions:**

- Complete Bed Rest (strict confinement to bed)
- Modified Bed Rest (limited activity/sitting)
- No lifting, standing for long periods, or strenuous physical activity

These restrictions are expected to remain in place until [Estimated End Date or "Further Notice"]. During this period, the patient is unable to perform her regular job duties or attend work/school.

The health and safety of both the mother and the fetus require strict adherence to these medical orders. Please provide the necessary accommodations or leave of absence as required by this certification.

If you require any further information or clarification, please contact my office directly.

Sincerely,

[Signature of Physician]

[Printed Name of Physician]

[Medical License Number]