[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Title/Position]
[Organization/School Name]
[Address]

Re: Absence Notice for Orthotic Fitting Appointment

Dear [Recipient Name],

Please accept this letter as formal notification that I will be unable to attend [work/school] on [Date] from [Start Time] to [End Time].

I have a required medical appointment for an orthotic equipment fitting. This procedure is necessary for the proper adjustment and function of my medical device. I expect to return to my regular duties by [Return Time/Date].

I have completed the following tasks in preparation for my absence: [List any tasks or coverage arrangements]. If you require any additional documentation from the clinic, please let me know.

Thank you for your understanding.

Sincerely,

[Your Signature]
[Your Printed Name]