

[Clinic Name]
[Clinic Address]
[Clinic Phone Number]
[Date]

To Whom It May Concern:

Please be advised that **[Patient Name]** was seen at our urgent care facility on **[Date of Visit]**.

Due to medical reasons, the patient is unable to attend [Work/School] from **[Start Date]** to **[End Date]**.

The patient may return to their normal duties on **[Return Date]** with the following restrictions:

[List restrictions or write "No restrictions"]

If you have any questions, please contact our office during business hours.

Sincerely,

[Provider Signature/Stamp]
[Provider Name, Title]