[CLINIC NAME]

[Street Address, City, State, Zip Code]
Phone: [000-000-0000] | Fax: [000-000-0000]
Email: [clinic@email.com] | Website: [www.clinicwebsite.com]

Date: [Month Day, Year]

RE: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID: [ID Number]

To: [Recipient Name/Organization]
[Recipient Address]

To Whom It May Concern,

[Enter the body of the medical letter here. This can include diagnosis, treatment plans, medical necessity, or work/school release information.]

[Additional clinical notes or follow-up instructions.]

Sincerely,

_____
[Doctor's Name, Credentials]
[License/NPI Number]
[Clinic Department Name]

Confidentiality Notice: This letter is intended only for the use of the individual or entity to which it is addressed and contains information that is privileged and confidential.