[Company Name]
[Human Resources Department]
[Company Address]
[City, State, Zip Code]

[Date]

RE: AUTHORIZATION FOR MEDICAL LEAVE - INTRAVENOUS (IV) THERAPY

To Whom It May Concern,

This letter serves to formally notify you that our employee, **[Employee Name]**, is currently under my medical care. As part of the required treatment plan, the patient must undergo **Intravenous (IV) Therapy** at our outpatient clinic.

The details of the medical leave are as follows:

- **Start Date of Treatment:** [Start Date]
- **Frequency:** [Number of sessions] per [week/month]
- **Duration of Each Session:** Approximately [Number] hours
- **Estimated Completion Date:** [End Date, or "Until further notice"]

During these scheduled treatments, the employee will be unable to perform their work duties. Following each session, the employee [may return to work immediately / requires a recovery period of X hours].

I certify that this outpatient procedure is medically necessary for the patient's health management. Please provide the necessary accommodations or medical leave as per company policy and legal requirements.

Should you require further verification, please contact our clinic at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, M.D./D.O.]
[Clinic/Medical Facility Name]
[Medical License Number]