

Reconocimiento

Date: October 22, 2022

[Name of Hospital, Medical Center, Clinic, Doctor, etc.]

[Address]

[State/City] / [Zip Code]

[Phone Number]

RE: Name: [Full Name of Patient] | Date of Birth: [Patient's DOB]

To Whom It May Concern,

Please excuse [Patient's full name] from [beginning date] through [ending date]. I have examined [Patient's first name] and determined that [he/she] has [enter the health condition of patient] and needs [number of days] days off for rest and recovery.

Sincerely,

Dr. [Doctor's full name]

A handwritten signature in black ink, appearing to be 'Dr. [Name]', with a long horizontal line extending to the right.