



## Sample Doctor Note

### Patient's Information

**Patient Name:** John Doe

**Address:** 123 Health St, Suite 100, Wellness City, ST 12345

**Date of Visit:** October 3, 2050

**Clinic/Facility Name:** HealthFirst Medical Center

**To Whom It May Concern,**

This note serves to confirm that the patient, John Doe, was evaluated at HealthFirst Medical Center on October 3, 2050. Following a thorough examination, the patient has been diagnosed with Acute Bronchitis. As their treating physician, I recommend that John Doe refrain from attending work or school and abstain from any physically demanding activities from October 3, 2050, to October 10, 2050, to ensure proper recovery.

A follow-up consultation is advised if symptoms persist beyond this period or worsen. We will be closely monitoring the patient's progress during this time.

If you require further clarification or additional information, please do not hesitate to contact our office at [You Company Number].

I appreciate your understanding.

**Sincerely,**

*Signature*

Dr. [Your Name] M.D

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**M Walker**



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