Date

Doctor Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

|  |  |
| --- | --- |
| RE: | Note to Skip Work DOB: date, SSN: Social Security Number |

To whom it may concern,

I have examined Mr. Jacob Smith on 12th March 2019. He has been diagnosed with appendicitis which needs to be immediately operated. His operation is scheduled on 14th April 2019 at 11:30 a.m.

I request you to kindly excuse Mr. Smith for four days starting from 14th April 2019 till 17th April 2019, as he will be needing the recovery period as well.

If you want any further information, you can contact me at [Contact]

Regards,

Jennifer Steven.