

**Patient name:**

**Date of birth:**

**Patient ID:**

To whom it may concern:

This note is to confirm that \_\_\_\_\_ was seen at  
\_\_\_\_\_ on \_\_\_\_\_ for  
evaluation and treatment of \_\_\_\_\_.

## **Findings**

**Symptoms:**

**Examination:**

**Diagnosis:**

**Treatment provided:**

**Work / school recommendations:**

**Next appointment:**

Sincerely,