[DATE]

To Whom It May Concern:

Please be aware that [PATIENT NAME] was seen at UNC Hospitals and under my care on [DATE] for evaluation and treatment of a medical condition. Because of this, it was necessary for [HIM/HER] to miss work on that date.

[HE/SHE] may return to work at full duty as of [DATE].

Thank you for your understanding in this matter, and please do not hesitate to contact me with any questions.

Sincerely,

[YOUR NAME], M.D.

UNC Hospitals

Department of Medicine

Division of Gastroenterology and Hepatology