

Real Doctors Note For Work

Main Line Health®

Well ahead.

Lankeanu Medical Center

100 E Lancaster Ave, Wynnewood, PA 19096

(484) 476-2000

[Patient's Name]

[Patient's Date of Birth]

[Patient's Gender]

[Today's Date]

To whom it may concern,

This certifies that [Patient's Name] came into Lankeanu Medical Center on [Date of Visit] experiencing [Condition]. They were and are under our professional care. We have treated them and put them on bed rest for [Number of Days] days until they are expected to return to work on [Expected Return Date].

If you have any questions or concerns, please contact (484) 476-2000.

[Doctor's Signature]

[Doctor's Name]