**Sample Doctor’s Note**

ABC Medical Center

State/City/ ABC road

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               Gender: \_\_\_\_\_\_           Age: \_\_\_\_\_\_\_\_\_        Date: \_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please excuse \_\_\_\_\_\_\_\_\_\_\_\_\_ (patient’s name) on Monday and Tuesday, two days. It appears as though a serious case of winter fever and throat infection and is not yet been cured, I am prescribing two days complete bed rest with plenty of intake of liquid and oil free food along with proper dosage of the prescribed medicines.

Sincerely

 (Signature of the doctor).