## **Doctor’s note for depression/anxiety**

Medical certificate

Date:

Re: [patients name]

Age\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter is a confirmation that [patients name] is suffering from anxiety/ depression. I recommend two weeks rest for healing. Please contact me if you need any clarification.

Doctor’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s signature\_\_\_\_\_\_\_\_\_\_\_