## **Doctor’s note for travel**

Date:

Doctor/clinic name

[Address]

Sub: [Patients name]

Dear [recipient’s name],

This note confirms that [patient’s name] has had a knee fracture and will be unable to travel for two months to allow healing. I this regard, I request you to grant the patient two months leave. Please contact me if you need further information.

Sincerely,

[Doctor’s signature]

[Doctors name]