**Saturday, 31 October 2020**

To whom it may concern

This letter is to certify that \*\*insert patient name here\*\* attended Physiotherapy on the date of 28/10/2020 for treatment of \*\*insert injury treated here\*\*.

If you have any queries please don’t hesitate to call the clinic on the above number.

Kind Regards,

| Physiotherapist

Medicare Provider Number: