Authority to Provide Medical Opinion to Employer-Letter

[Date]

[Name of Medical Specialist]

[Full Address]

Dear [Name of Medical Specialist]

**RE: AUTHORITY TO PROVIDE MEDICAL OPINION TO EMPLOYER**

This letter is my authority for you to give my employer, [Name of Employer], an opinion on my medical condition and in particular to answer the questions posed.

I have read the letter from the Company to you and I am satisfied with its contents.

Yours faithfully

[Employee Name]