## **Medical Clearance Letter**

Dear I am writing to provide medical clearance for, who has recently undergoneat Based on our thorough assessment and examination, I am pleased to inform you that the patient is now deemed medically fit for as per your request.					
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## Patient Information:

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Medical Record Number: \_\_\_\_\_\_
- Date of Procedure/Treatment: \_\_\_\_\_\_

## Medical Clearance Details:

**Medication Information:** 

**Restrictions/Llimitations:** 

Follow-Up Recommendations:

I trust that this medical clearance letter will assist in facilitating \_\_\_\_\_\_'s \_\_\_\_\_\_\_with

.

\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_. If you have any further questions or require additional information, please do not hesitate to contact me at \_\_\_\_\_\_\_or

Thank you for your attention to this matter.

Sincerely,