

Dear _____,

I am writing to provide medical clearance for _____, who recently undergone _____ at _____. Based on our thorough assessment and examination, I am pleased to inform you that the patient is now deemed medically fit for _____, as you requested.

Patient information

Full name:

Date of birth:

Medical record number:

Date of procedure/treatment:

Medical clearance details

Medical information

Restrictions/limitations

Follow-up recommendations

I trust that this medical clearance letter will assist in facilitating _____'s
_____ 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,

