Medical Clearance Letter

Address:

Dear:

PATIENT INFORMATION:

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Medical Record Number: _____ Date of Procedure/Treatment: _____ dd / mm / yyyy

Medical Clearance Details:

Medication Information:

Restrictions/Limitations:

Follow-Up Recommendations:

Thank you for your attention to this matter.

Sincerely,