[Current Date]

[Recipient Name]
[Recipient Title]
[Clinic Name]
[Clinic Address]

Subject: Notice of Intent to Return to Work - [Your Name]

Dear [Recipient Name],

I am writing to formally notify you that I have been cleared by my medical provider to return to my duties as Clinic Administrator effective [Return Date]. This follows my medical leave resulting from the slip and fall incident that occurred on [Date of Incident].

Attached to this letter, please find the medical release documentation provided by [Physician Name]. This documentation confirms that I am fit to resume my professional responsibilities:

- [Option A: Full duty without restrictions]
- [Option B: With the following temporary modifications: List restrictions here]

I am eager to resume my work and assist with the ongoing operations of the clinic. I would like to schedule a brief meeting upon my return to discuss any updates that occurred during my absence and to review safety protocols related to the incident area.

Thank you for your support during my recovery. Please let me know if there is any additional paperwork required before my start date.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]