[Doctor's Name/Practice Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To [Employer Name/Manager Name],

Re: [Patient Name]
Date of Birth: [Patient Date of Birth]

I am writing to confirm that [Patient Name] has been under my care for a mental health-related medical leave of absence since [Start Date of Leave].

After a clinical assessment, I am pleased to confirm that [Patient Name] is fit to return to work effective [Return Date].

To support a successful transition back to the workplace, I recommend the following adjustments for a period of [Number of Weeks/Months]:

- [e.g., A graduated return to full hours]
- [e.g., Modified duties or reduced workload]
- [e.g., Regular breaks or flexible start times]
- [e.g., Remote work options where applicable]

We will review these arrangements on [Review Date]. If you have any questions regarding these recommendations, please contact my office directly.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical License Number]