Date: [Date]

To: [Employer Name/HR Department]

From: [Doctor/Provider Name]

Subject: Return to Work Medical Release

This letter serves to certify that [Employee Name] is cleared to return to work on [Return Date].

The patient has been evaluated and is released to perform their regular duties with the following conditions:

- The patient is currently awaiting and/or undergoing outpatient therapy.
- The patient may require time off or a flexible schedule to attend therapy sessions [Number] times per week.
- [Optional: Insert specific physical or duty restrictions here].

These recommendations will remain in effect until the patient is re-evaluated on [Follow-up Date].

Please contact my office at [Phone Number] if you have any questions or require further clarification.

Sincerely,

[Signature/Stamp]
[Provider Name]
[Clinic/Facility Name]