[Date]

[Employee Name]
[Employee ID]
[Employee Address]

Subject: Conditional Return to Work Pending Outpatient Therapy

Dear [Employee Name],

Following your recent occupational health assessment on [Date of Assessment], we have reviewed your medical status regarding your return to work. Based on the evaluation, you are cleared to return to work effective [Start Date] with specific conditions.

Your return is subject to the following requirements:

- **Treatment Plan:** You are required to attend outpatient [Physical/Occupational/Speech] therapy sessions as prescribed by your healthcare provider.
- **Frequency:** Therapy is scheduled for [Number] sessions per week for a duration of [Number] weeks.
- **Work Restrictions:** While undergoing therapy, the following workplace restrictions apply: [List restrictions or "None"].
- **Progress Reports:** You must provide Occupational Health with a progress report from your therapist every [Number] weeks to ensure your recovery is aligned with your job duties.

Please coordinate your therapy schedule with your supervisor to minimize disruption to your work hours. It is your responsibility to notify Occupational Health immediately if there are changes to your treatment plan or if your symptoms worsen.

We look forward to your return and are committed to supporting your recovery process.

Sincerely,

[Name of Occupational Health Representative]
[Title]
[Organization Name]

cc: [Human Resources/Department Manager]