

**Date:** [Date]

**To:** [Patient Name]

**Date of Birth:** [Patient DOB]

**Subject:** Medical Release and Sedative Medication Warning

Dear [Patient Name],

You are cleared to return to work effective [Return Date] with the following safety requirements regarding your prescribed medication: [Name of Medication].

Because this medication is a sedative, you must adhere to these restrictions:

- Do not operate heavy machinery or drive a commercial vehicle while taking this medication.
- Do not perform tasks that require high levels of mental alertness or physical coordination if you feel drowsy or dizzy.
- Do not consume alcohol while taking this medication, as it will increase the sedative effects.
- Notify your supervisor if your job duties involve safety-sensitive tasks that may be impacted by this prescription.

If you experience excessive daytime sleepiness, confusion, or slowed reaction times, stop the activity immediately and contact our office at [Phone Number].

Sincerely,

[Physician Name]

[Practice Name]

[Phone Number]