[Physician Name/Clinic Name]
[Address]
[Phone Number]
[Date]

To: [Employer Name/Human Resources Department]
Re: Return to Work Medical Clearance

Patient Name: [Employee Name]
Date of Birth: [DOB]

Dear [Recipient Name],

I am writing to provide medical clearance for [Employee Name] to return to work effective [Date].

[Employee Name] is currently under my care for the treatment of Obstructive Sleep Apnea. The patient has been prescribed PAP (Positive Airway Pressure) therapy and has demonstrated consistent compliance with the prescribed treatment plan.

A review of the patient's recent device usage data confirms the following:

- Average usage: [Number] hours per night.
- Percentage of days used: [Percentage]%.
- Current AHI (Apnea-Hypopnea Index): [Number].

Based on these objective metrics and clinical evaluation, it is my professional opinion that the patient's condition is well-managed. The patient is alert, stable, and capable of performing their job duties, including [Safety-Sensitive Tasks, if applicable], without restriction.

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

Sincerely,

[Physician Signature]
[Physician Name, Credentials]
[Medical License Number]