[Doctor's Letterhead]
[Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

Date: [Date]

To: Federal Aviation Administration (FAA) / Aeromedical Office

Subject: Medical Clearance and Return to Duty - [Pilot's Full Name]

To the Aviation Medical Examiner,

This letter is to certify that I have evaluated [Pilot's Name], Date of Birth [DOB], regarding the medical condition: [Name of Condition/Injury].

The patient was initially diagnosed on [Date] and underwent [Description of treatment/surgery/medication]. As of the most recent evaluation on [Date], the patient is stable, asymptomatic, and shows no evidence of complications or side effects from treatment that would interfere with flight safety.

Based on my clinical findings and current diagnostic results, [Pilot's Name] is physically and mentally fit to perform the duties of an aviation pilot. I recommend a full return to flight duty without restrictions.

Attached are the relevant medical records and test results for your review.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Medical License Number]
[Board Certification/Specialty]