Date: [Date]

To Whom It May Concern:

Patient Name: [Patient Full Name]
Date of Birth: [Date of Birth]
Date of Surgery: [Date of Procedure]

This letter serves to confirm that [Patient Name] has been under my care following a [Type of Surgery/Procedure]. Based on a clinical evaluation performed on [Current Date], the patient's recovery is progressing satisfactorily.

I hereby clear the patient to resume equestrian activities as follows:

Current Status: [e.g., Full clearance / Graduated return to activity]

Recommended Progression:

- **Phase 1:** [e.g., Grooming and ground work only starting Date]
- **Phase 2:** [e.g., Mounted walking on flat ground for 20 minutes starting Date]
- **Phase 3:** [e.g., Resumption of trot and canter starting Date]
- **Phase 4:** [e.g., Full return to jumping/competitive riding starting Date]

Specific Restrictions:
[e.g., No lifting equipment over 20 lbs, no mounting from the ground-use block only, etc.]

Please ensure the patient listens to their body and ceases activity if they experience sharp pain or significant discomfort at the surgical site. The patient is scheduled for a follow-up appointment on [Date].

Should you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical Board/License Number]
[Clinic/Hospital Name]