

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Evaluation: [Date of Visit]

Diagnosis: [Type/Location of Sprain]

To Whom It May Concern,

The patient named above was evaluated today for an orthopedic injury. Following a clinical examination and [Imaging, e.g., X-ray/None], the patient has been diagnosed with a sprain of the [Body Part, e.g., Left Ankle].

Treatment Plan and Recommendations:

- **Rest:** Avoid strenuous activity and weight-bearing on the affected limb for [Number] days.
- **Ice:** Apply ice packs for 15-20 minutes every 2-3 hours during the first 48 hours.
- **Compression:** Use the provided [Compression Wrap/Brace] to minimize swelling.
- **Elevation:** Keep the injured area elevated above the level of the heart.
- **Medication:** [OTC Pain Relief Recommendations or Prescriptions].

Work/School Status:

The patient may return to [Work/School] on [Date] with the following restrictions:

[List Restrictions, e.g., No lifting over 10 lbs, Sedentary duty only, or N/A].

Follow-Up:

The patient is scheduled for a follow-up evaluation on [Date/Time]. Please seek immediate medical attention if you experience increased numbness, tingling, or skin discoloration in the affected area.

Sincerely,

[Doctor Name/Signature]
[Clinic/Hospital Name]
[Contact Phone Number]