

Date: [Date]

To: [Recipient Name/Organization]

Department: [Department Name]

Fax/Email: [Contact Information]

RE: Medical Clearance for MRI Scan Results

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Date of Scan: [Date of MRI]

To Whom It May Concern,

I am writing to provide medical clearance for the above-named patient following a review of their recent MRI scan of the [Body Part, e.g., Lumbar Spine/Brain].

Based on the clinical findings and the radiologist's report, I have determined that the patient is medically cleared to:

- Return to full work duties without restrictions.
- Resume athletic activities and competitive sports.
- Undergo the scheduled surgical procedure: [Procedure Name].
- Other: [Specify Activity]

Clinical Notes/Restrictions:

[Insert any specific limitations or follow-up instructions here, or write "None"].

If you require further documentation or have additional questions regarding these results, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]