

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert Date of Birth]

**Patient ID:** [Insert Patient ID]

---

**Subject: Clinic Monitoring Discharge and Medical Clearance**

To Whom It May Concern,

This letter serves to formally confirm that the above-named patient has completed the required clinical monitoring period at **[Insert Clinic Name]** for the condition of **[Insert Condition/Reason for Monitoring]**.

The patient was under our care and observation from **[Start Date]** to **[End Date]**. Based on our final clinical assessment and recent test results, the patient has met all necessary health criteria for discharge from our monitoring program.

**Medical Clearance Status:**

- The patient is clinically stable.
- The patient is cleared to resume **[Insert Activities, e.g., Full Work Duties / Sports / Normal Activity]** without restrictions.
- Follow-up care is scheduled for **[Insert Date or 'N/A']**.

**Physician Recommendations:**

[Insert specific instructions or medications, if any]

If you require further information or verification regarding this discharge, please contact our office at [Insert Phone Number].

Sincerely,

**[Physician Name/Signature]**

[Title/Credentials]

[Clinic Name]

[Clinic Address]