[Mention the name of the sender]

[Mention the address of the sender]

[Mention the contact details of the sender]

[Mention the Email address of the sender]

[Mention the date]

Subject- Medical clearance letter.

[Mention the name of the recipient]

[Mention the address of the recipient]

[Mention the contact information]

Dear [Mention the name of the recipient],

I am writing on behalf of my patient (mention the name of the patient), to certify the medical necessity of (treatment or medication or equipment – item in question) for the treatment of (mention the symptoms) (mention the specific diagnosis). This letter contains information about the patient's medical history and diagnosis, as well as a summary of my treatment rationale. History and Diagnosis of the Patient: (Include information about the patient's condition and specific diagnosis here.) Include a history of the patient's condition as well.)

(Include information on previous treatments, course of care, why the treatment/medication/equipment (item in question) is required, and how you expect it to benefit the patient). All pertinent lab work and tests were reviewed, and it was determined that there are no medical potential side effects to elective surgery under overall and/or local anesthesia.

Duration: (Length of time required for treatment or medication or equipment (item in question) – not to exceed (mention the number of months) months]

In conclusion, (treatment or medication or equipment – item in question) is medically necessary for this patient's condition. Please contact me at my personal contact number [mention the contact number of the sender] or you can also contact me

through email [mention the email id of the sender] if any additional information is required to ensure that (treatment or medication or equipment – item in question) is approved as soon as possible.

[Mention the name of the sender]

[Mention the phone number of the sender]

[Signature of the sender]