



**Date:**

**RE: Patient's Full Name** \_\_\_\_\_

**Dear UT College of Pharmacy:**

**Please be advised that my patient, \_\_\_\_\_,  
was seen by me on this date \_\_\_\_\_, had a physical exam completed  
and patient/student is cleared and free of restrictions to perform healthcare  
duties.**

**Physician's Signature:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Office Name, Address, City, State, Zip:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please use office/prescriber information stamp if available along with signature.*