Date

Dear FMCSA medical examiner,

Patient (name / date of birth) is currently under my care for the following conditions (list conditions). S/he follows up with our office every (list time intervals) with last encounter (date of last encounter).

It is my medical judgement that supports that patient is of sound mind and health to participate in commercial driving. My recommendations include (add any recommendations).

I have attached a copy of patients most recent evaluation, labs and testing for your review.

Sincerely,

Name, Title | State License No.

(Must be from treating physician, nurse practitioner or physician assistant)

**Please add office stamp here.**

**You can email back to** **roadsafedot@cacioffi.com**

**or fax to (908) 504-7841**