

Date: [Current Date]

To Whom It May Concern,

This letter is to confirm that **[Patient Name]**, date of birth **[DOB]**, is currently under my prenatal care.

Based on the clinical evaluation and [Last Menstrual Period/Ultrasound results], her pregnancy details are as follows:

- **Current Gestational Age:** [Number] weeks and [Number] days
- **Estimated Due Date (EDD):** [Month, Day, Year]

Should you require any further information, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Provider Name, Title]

[Clinic/Facility Name]

[Clinic Address]