Date: [Date]

To: [Transplant Surgeon Name] / [Transplant Center Name]
Department: Transplant Selection Committee
Address: [Hospital/Clinic Address]

RE: Psychiatric Clearance for Organ Transplantation

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Medical Record Number: [MRN Number]

To the Transplant Selection Committee,

I am writing to provide the psychiatric evaluation results for [Patient Name], who is currently being considered for a [Type of Organ, e.g., Kidney/Liver/Heart] transplant.

I conducted a comprehensive psychiatric clinical interview on [Date of Evaluation]. The purpose of this evaluation was to assess the patient's psychological stability, cognitive capacity to provide informed consent, and their ability to adhere to a complex post-operative medical regimen.

Clinical Findings:

- **Psychiatric History:** [Briefly mention history or state "No significant psychiatric history"].
- **Current Status:** [Patient is currently stable/asymptomatic].
- **Cognitive Function:** The patient demonstrates adequate understanding of the risks and benefits of the procedure.
- **Substance Use:** [No evidence of active substance use disorder/Length of sobriety].
- **Support System:** The patient has a reliable social support system in place to assist with recovery.

Adherence:
The patient demonstrates a high level of insight into their medical condition and has shown consistent compliance with current medications and medical appointments.

Recommendation:
Based on my evaluation, [Patient Name] is psychiatrically stable and cleared for transplantation from a mental health perspective. I do not find any psychiatric contraindications to proceeding with the transplant at this time.

If you require any further information, please feel free to contact my office at [Phone Number].

Sincerely,

[Signature]
[Provider Name, Credentials]
[Title/Department]
[License Number]