

Date: [Insert Date]

RE: Medical Clearance for In Vitro Fertilization (IVF)

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

To [Fertility Specialist/Clinic Name],

I am writing to provide medical clearance for the above-named patient to undergo In Vitro Fertilization (IVF) treatment and potential pregnancy. [Patient Name] is currently under my care for primary medical management.

Based on my most recent evaluation on [Date of Last Exam], the patient's medical history, and physical examination, I find them to be in stable health. Specifically, I have addressed the following:

- **Chronic Conditions:** [e.g., Hypertension, Diabetes, Thyroid issues, or "None"] are currently well-controlled.
- **Medications:** The patient's current medications have been reviewed for safety during conception and pregnancy.
- **Cardiovascular/Respiratory Health:** No contraindications to undergo sedation or egg retrieval procedures were identified.

Clinical Conclusion:

In my clinical opinion, [Patient Name] is medically cleared to proceed with IVF treatment. There are no known medical conditions at this time that would preclude them from undergoing fertility treatments or carrying a pregnancy to term.

If you require any further documentation or have specific questions regarding this patient's medical history, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]

[License Number]