

Date: [Date]

To: [Fertility Specialist Name]

Clinic: [Fertility Clinic Name]

Address: [Clinic Address]

RE: Cardiology Clearance for IVF Treatment

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Dear Dr. [Fertility Specialist Last Name],

I have evaluated [Patient Name] on [Date of Evaluation] for cardiac clearance prior to undergoing In Vitro Fertilization (IVF) and potential pregnancy. My assessment included a physical examination, review of medical history, and the following diagnostic tests: [List tests, e.g., EKG, Echocardiogram, Stress Test].

Cardiac Diagnosis: [Insert Diagnosis or "No known cardiac disease"]

Clinical Findings:

[Insert brief summary of findings, e.g., Normal left ventricular function, stable rhythm, etc.]

Current Medications:

[List medications or "None"]

Recommendations:

- The patient is cardiovascularly stable to undergo IVF procedures, including egg retrieval under anesthesia.
- The patient is cleared for pregnancy from a cardiology standpoint, provided they remain under regular follow-up.
- [Additional specific instructions or medication adjustments].

In my clinical opinion, the patient is at [Low/Moderate] risk for cardiac complications during the proposed fertility treatments. I recommend the following follow-up during pregnancy: [Insert frequency or "As needed"].

Please feel free to contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

Board Certified in Cardiovascular Disease

[Practice Name]