

[Doctor Name/Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

To: [Fertility Clinic/Physician Name]
[Clinic Address]

RE: Medical Clearance for In Vitro Fertilization (IVF)

Patient Name: [Patient Name]
Date of Birth: [DOB]

Dear Dr. [Fertility Specialist Last Name],

I am writing to provide medical clearance for [Patient Name] to proceed with In Vitro Fertilization (IVF) and subsequent pregnancy from an endocrinology perspective.

The patient is currently being managed for: [Insert Condition, e.g., Type 1/2 Diabetes, Hypothyroidism, PCOS, Prolactinoma].

Clinical Status:

- Current Medications: [List medications and dosages]
- Recent Lab Results: [Insert HbA1c, TSH, or other relevant levels] dated [Date]
- Control Status: [Stable / Well-controlled / Optimized]

Recommendations:

[Insert specific instructions, e.g., "Maintain TSH below 2.5 mIU/L during first trimester" or "Patient to continue current insulin pump settings"].

In my clinical opinion, the patient is medically stable and cleared to undergo ovarian stimulation, egg retrieval, and embryo transfer. We will continue to monitor the patient's endocrine health closely throughout the fertility process and pregnancy.

Please contact my office at [Phone Number] if you have any questions or require further documentation.

Sincerely,

[Doctor Signature]

[Doctor Name, Degree]
[Board Certification]
[Clinic Name]