

Date: [Date]

To: [Fertility Specialist Name]

Clinic: [Fertility Clinic Name]

Fax/Email: [Clinic Contact Information]

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Diagnosis: [Specific Hematologic Condition/Diagnosis]

Dear Dr. [Physician Last Name],

I have evaluated [Patient Name] regarding their hematologic status in preparation for In Vitro Fertilization (IVF) and assisted reproductive technology treatments.

Clinical Assessment:

Based on my recent evaluation and review of laboratory results including [list relevant tests, e.g., CBC, PT/PTT, thrombophilia panel], the patient's condition is currently [stable/managed].

Recommendations and Anticoagulation Plan:

- **Pre-Oocyte Retrieval:** [e.g., Continue current dosage / Start prophylactic Lovenox]
- **Peri-Procedure Management:** [e.g., Hold anticoagulation 24 hours prior to retrieval]
- **Post-Retrieval/Embryo Transfer:** [e.g., Resume dosage 12 hours post-procedure]
- **Pregnancy Management:** [e.g., Continue therapy throughout gestation as monitored]

Clearance Status:

[Patient Name] is medically cleared from a hematologic standpoint to proceed with IVF treatment, including ovarian stimulation and egg retrieval, provided the aforementioned protocols are followed.

If there are any complications such as Ovarian Hyperstimulation Syndrome (OHSS) or significant bleeding, please contact my office immediately for co-management.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

Department of Hematology

[Medical Facility Name]

[Phone Number]