

Date: [Date]

To: [Fertility Specialist Name]

Clinic Name: [Fertility Clinic Name]

Fax/Email: [Contact Information]

RE: Neurology Clearance for In Vitro Fertilization (IVF)

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Dear Dr. [Fertility Specialist Last Name],

I am writing to provide medical clearance for my patient, [Patient Name], to proceed with In Vitro Fertilization (IVF) and subsequent pregnancy from a neurological standpoint. The patient is currently under my care for the management of [Specific Neurological Condition, e.g., Multiple Sclerosis, Epilepsy, Migraine].

Current Clinical Status:

The patient's condition is currently [stable/well-controlled/in remission]. Their last clinical evaluation was on [Date of Last Exam], at which time their neurological status was [brief description].

Medication Management:

The patient is currently taking the following medications:

- [Medication Name and Dosage]
- [Medication Name and Dosage]

These medications have been reviewed for pregnancy safety. Our current plan is to [continue/discontinue/adjust] these medications during the stimulation and gestation phases.

Recommendations:

Based on the patient's neurological history, I recommend the following during the IVF process:

- [e.g., Specific anesthesia considerations]
- [e.g., Seizure threshold monitoring during hormonal shifts]
- [e.g., Resumption of specific therapies postpartum]

Conclusion:

At this time, I find no neurological contraindications to the patient undergoing ovarian stimulation, egg retrieval, or embryo transfer. I believe the patient is a suitable candidate for IVF and pregnancy, provided they continue regular follow-up with our department.

If you have any questions or require further documentation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name], M.D./D.O.

Department of Neurology

[Medical Institution Name]