

Date: [Date]

To: [Fertility Specialist Name]

Clinic Name: [Fertility Clinic Name]

Fax/Email: [Clinic Contact Information]

RE: Medical Clearance for In Vitro Fertilization (IVF)

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

The patient mentioned above is currently under my care for the management of [Specific Pulmonary Condition, e.g., Asthma, COPD, Sarcoidosis]. I have reviewed their current respiratory status in relation to their plan to undergo In Vitro Fertilization (IVF) and potential pregnancy.

Clinical Assessment:

- Current Respiratory Status: [Stable / Optimized / Well-controlled]
- Recent Pulmonary Function Test (PFT) Results: [Date and brief summary, if applicable]
- Current Medications: [List medications, e.g., Albuterol, Budesonide]

Recommendations:

- The patient is cleared from a pulmonary standpoint to proceed with IVF ovarian stimulation and egg retrieval.
- The patient is cleared to undergo [General Anesthesia / Conscious Sedation] for the retrieval procedure.
- Medication adjustments for pregnancy: [None / Specific changes noted here].

In my clinical opinion, the patient is medically stable to proceed with fertility treatments. We will continue to monitor their pulmonary health throughout the process.

If you require further information or have specific concerns, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]

[Board Certification/Specialty]

[Practice Name]