

Date: [Insert Date]

RE: Medical Clearance for In Vitro Fertilization (IVF)

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Diagnosis: [Insert Rheumatologic Condition, e.g., Systemic Lupus Erythematosus, Rheumatoid Arthritis]

To [Fertility Specialist Name/Clinic Name],

I am the treating rheumatologist for [Patient Name]. I am writing to provide medical clearance for the patient to proceed with In Vitro Fertilization (IVF) and subsequent pregnancy.

Clinical Status:

The patient's underlying autoimmune condition is currently [Stable / In Remission / Well-Controlled]. Their last clinical evaluation was on [Date], and their disease activity scores are currently within an acceptable range for assisted reproductive technology.

Medication Management:

The patient is currently prescribed the following medications:

- [Medication Name and Dosage] - Status: [Safe for pregnancy / To be continued]
- [Medication Name and Dosage] - Status: [Discontinued / Switched for pregnancy]

Recommendations:

- The patient is cleared to undergo ovarian stimulation and embryo transfer from a rheumatologic standpoint.
- Special precautions for Ovarian Hyperstimulation Syndrome (OHSS) are [Not required / Recommended] due to [Specific reason, e.g., risk of flare].
- Anticoagulation (e.g., Lovenox/Aspirin) is [Recommended / Not recommended] based on the patient's antiphospholipid antibody status.
- We will continue to monitor the patient every [Number] months during the fertility process and pregnancy.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Department of Rheumatology]

[Practice Name/Hospital]