

Date: [Date]

To: [Fertility Clinic/Physician Name]

From: [Anesthesiologist/Medical Professional Name]

Re: Anesthesia Medical Clearance

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Proposed Procedure: Egg Retrieval / IVF Related Procedure under Sedation/General Anesthesia

To Whom It May Concern,

I have evaluated the above-named patient regarding their medical history and physical readiness for anesthesia in preparation for their upcoming IVF procedure. Based on my clinical assessment, the patient is classified as **ASA Physical Status: [Class I/II/III]**.

Medical History Summary:

[Insert brief summary of relevant cardiac, respiratory, or metabolic history]

Medications and Allergies:

[Insert list of current medications and known allergies]

Assessment:

The patient is currently medically stable. From an anesthesia standpoint, I find the patient cleared for the proposed procedure at an [Ambulatory Surgery Center / Hospital] setting.

Recommendations:

- Continue medications: [List medications]
- Discontinue medications: [List medications]
- Standard NPO guidelines apply (no solid food 8 hours prior, clear liquids up to 2 hours prior).
- [Other specific instructions]

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

Sincerely,

[Signature]

[Printed Name and Credentials]

[Medical Facility Name]

[Contact Information]