

**Date:** [Insert Date]

**To:** [Transplant Center Name]

**Attention:** Living Donor Transplant Team

**Address:** [Insert Address]

**Subject: Medical Clearance for Potential Living Liver Donor: [Donor Name]**

Dear Transplant Selection Committee,

I am writing to provide formal medical clearance for **[Donor Full Name]** (DOB: [Donor Date of Birth]), who is being evaluated as a potential living liver donor for **[Recipient Full Name]**.

As the candidate's primary care physician/specialist, I have conducted a thorough review of their medical history and performed a physical examination. Based on my assessment, I can confirm the following:

- The candidate is in good general health and does not have any chronic medical conditions that would prohibit major surgery.
- There is no clinical evidence of chronic liver disease, significant cardiovascular disease, or renal impairment.
- The candidate does not have any active malignancies or systemic infections.
- The candidate's current medications, if any, do not pose a contraindication to liver donation.
- From a medical standpoint, the candidate is stable and fit to undergo the surgical procedure and subsequent recovery process.

I have discussed the potential long-term risks of donation with the candidate, and they demonstrate a clear understanding of the procedure. I support their decision to proceed with the formal donor evaluation at your facility.

If you require any additional medical records or have specific questions regarding this candidate's health history, please feel free to contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

**[Physician Printed Name, MD/DO]**

[Medical License Number]

[Clinic/Hospital Name]