

**[Date]**

[Recipient Name/Transplant Center Name]

[Recipient Address]

[City, State, Zip Code]

**RE: Living Donor Evaluation Clearance**

**Donor Name:** [Donor Full Name]

**Date of Birth:** [Donor Date of Birth]

Dear Transplant Evaluation Team,

I am writing this letter at the request of my patient, [Donor Name], who is undergoing evaluation to become a living organ donor. I have been [Donor Name]'s Primary Care Provider since [Year/Date].

To the best of my knowledge, the patient has a stable medical history. My records indicate the following:

- **Chronic Conditions:** [List conditions or state "None"]
- **Current Medications:** [List medications or state "None"]
- **Recent Lab Work/Screenings:** [Note any relevant recent results or state "Within normal limits"]

Based on our most recent clinical encounters and the patient's current health status, I find no medical contraindications that would prevent [him/her/them] from proceeding with the living donor evaluation process. I believe the patient is physically and mentally capable of undergoing this procedure and the subsequent recovery.

Please feel free to contact my office at [Phone Number] or [Email Address] if you require further medical records or clarification regarding this patient's history.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]