

**Date:** [Insert Date]

**To:** [Recipient Name/Transplant Center Name]

**Address:** [Insert Address]

**Re:** Medical Clearance for Directed Organ Donation

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

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

**Intended Recipient:** [Insert Recipient Full Name]

To the Transplant Selection Committee,

I am writing to provide formal medical clearance for [Donor Name], who is seeking to serve as a directed living organ donor for [Recipient Name].

As the evaluating physician, I have performed a comprehensive medical evaluation which included a physical examination, laboratory testing, and diagnostic imaging. Based on these results, I have determined the following:

- The donor is in good general health and free from significant systemic disease.
- There are no identified contraindications to surgery or long-term organ function.
- The donor possesses the mental capacity to understand the risks and benefits of the procedure.
- The decision to donate appears to be voluntary and free of external coercion.

I find [Donor Name] to be a suitable candidate for [Insert Organ Type] donation from a clinical perspective. Please find the attached medical records and test results for your final review.

If you require any additional information, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Facility/Clinic Name]