

[Physician Name/Hospital Letterhead]  
[Physician Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email]

[Date]

To the Transplant Selection Committee,

RE: Medical Clearance for Non-Directed Organ Donation  
Donor Applicant: [Patient Full Name]  
Date of Birth: [Patient Date of Birth]

I am writing to provide formal medical clearance for [Patient Name], who has expressed a voluntary desire to become a non-directed (altruistic) organ donor. [Patient Name] has been under my care since [Year/Date].

I have performed a comprehensive review of the patient's medical history and a physical examination. Based on my clinical evaluation, I confirm the following:

- The patient is in good general health and is not suffering from any chronic conditions that would pose an undue risk during major surgery.
- There is no evidence of active malignancy, systemic infection, or transmissible diseases that would contraindicate donation.
- The patient's organ function (specifically [Kidney/Liver] function) is currently within normal limits.
- The patient demonstrates a clear understanding of the procedure and appears to be making this decision autonomously and without coercion.

From a primary care perspective, I find no medical contraindications to [Patient Name] proceeding with the living donor evaluation process. I support their decision to undergo further specialized testing at your transplant center.

Please feel free to contact my office at [Phone Number] if you require additional medical records or further clarification.

Sincerely,

[Physician Signature]

[Physician Printed Name]  
[Title/Medical License Number]