

Date: [Date]

To: [Transplant Center Name]

Attention: [Transplant Coordinator/Surgeon Name]

Address: [Transplant Center Address]

RE: Medical Clearance for Organ Transplant

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Medical Record Number: [MRN, if applicable]

To the Transplant Selection Committee,

I am writing to provide formal medical clearance for [Patient Name], who is currently being evaluated for a [Type of Organ, e.g., Kidney/Liver/Heart] transplant.

As the patient's [Primary Care Physician/Specialist], I have managed their care since [Date]. I recently performed a comprehensive evaluation of the patient's current health status, which included a physical examination, review of systems, and relevant diagnostic testing.

Based on my clinical findings, it is my professional opinion that [Patient Name] is medically stable to undergo major transplant surgery and the subsequent immunosuppression protocol. Specifically:

- **Cardiac Status:** [Brief note on cardiac health/clearance]
- **Respiratory Status:** [Brief note on pulmonary health]
- **Infectious Disease:** No active contraindications or acute infections are present.
- **Psychosocial/Compliance:** The patient demonstrates the ability to adhere to complex medication regimens and follow-up care.

There are no known medical contraindications that would prevent the patient from being placed on the active transplant waiting list at this time.

If you require further documentation or wish to discuss this patient's medical history in more detail, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Practice/Facility Name]