

Date: [Insert Date]

To: [Recipient Name/Organization]

Subject: Post-Surgical Organ Donation Clearance

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

Date of Procedure: [Insert Date of Surgery]

To Whom It May Concern,

This letter serves to provide formal medical clearance for the above-named patient to proceed with organ or tissue donation following their recent surgical procedure.

I have evaluated the patient's post-operative recovery and reviewed the surgical reports. I confirm that:

- The surgical site is healing as expected without signs of systemic infection.
- The patient has no contraindications related to the recent surgery that would preclude donation.
- All relevant pathology and laboratory results have been reviewed and are within acceptable limits for donation eligibility.

Based on my clinical assessment, the patient is medically cleared for the donation process to proceed immediately.

If you require further clinical details or documentation, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Department/Specialty]

[Medical Facility Name]