

# PREGNANCY VERIFICATION LETTER

Date \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ is approximately \_\_\_\_\_ weeks pregnant.

Projected due date (EDC) is: \_\_\_\_\_

Number of children expected: \_\_\_\_\_

**Medical Professional Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

**Practice/Facility Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_