**PREGNANCY VERIFICATION LETTER**

Date [MM/DD/YYYY]

To Whom It May Concern:

[PATIENT NAME] is approximately [#] weeks pregnant.

Projected due date (EDC) is: [MM/DD/YYYY]

Number of children expected: [# OF CHILDREN]

**Medical Professional Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date [MM/DD/YYYY]

Printed Name and Title [MEDICAL PROFESSIONAL NAME & TITLE]

**Practice/Facility Name** [PRACTICE/FACILITY NAME]

Address [ADDRESS] Phone Number [PHONE NUMBER]