

# PREGNANCY VERIFICATION LETTER

To Whom It May Concern:

This letter serves as formal verification that the individual named below is currently pregnant. This verification is issued following the examination and confirmation conducted by a licensed medical professional authorized to provide such confirmation within the United States.

## Patient Information:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

## Medical Provider Information:

Provider Name: \_\_\_\_\_  
Medical Facility / Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Verification Details:

I hereby confirm, based on clinical examination and/or diagnostic testing, that the above-named patient is pregnant. This verification is provided for the purpose of confirming pregnancy status for matters including but not limited to health insurance, employment accommodations, and legal documentation.

Gestational Age (if available): \_\_\_\_\_

Additional Remarks (if any): \_\_\_\_\_

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## Legal and Compliance Statement:

This verification letter is issued in compliance with all applicable United States laws and regulations governing medical documentation, patient confidentiality, and the provision of truthful and accurate medical information. Unauthorized use, reproduction, or distribution of this letter is strictly prohibited and may be subject to legal penalties.

## Acknowledgment and Signature:

**Medical Provider Signature**

**Patient Signature**

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Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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