

# PREGNANCY VERIFICATION LETTER

To Whom It May Concern:

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ the patient known as \_\_\_\_\_ had a positive pregnancy test.

Based on the date of her last menstrual period, her Estimated Date of Delivery (EDD) is the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Additional Information (if any):**

\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

