

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 _____

