<img>

Dr. [Doctor name] inc.

[Date of registration]

Dr. [Doctor Lastname]

[Doctor address]

Phone: [Doctor phone]

Fax: [Doctor fax]

**Re:** [Patient name]

**PHN:** [Patient insurance number]

**Birthdate:** [Patient DOB]

**Address:** [Patient address]

**Patient number:** [Patient mobile number]

To Whom It May Concern:

This is a medical letter to state the above patient is pregnant with expected delivery date of [expected due date]. Hoping this information is satisfactory for your requirements.

Thank you.

Sincerely,

Dr. [Doctor name]

<signature>

FRCS© NCMP

Clinical Assistant Professor, UBC

Department of Obstetrics and Gynecology SMH