Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

RE: Proof of Pregnancy

Dear Name:

This is an official verification to confirm a positive pregnancy test.

This letter confirms that Mrs. [NAME] is affirmatively pregnant with her first baby. She came to the [NAME] hospital to get her pregnancy test & ultrasound done on [DATE].

According to the tests she is 4 weeks pregnant & this way her delivery date is anticipated in March of the year 20XX. The ultrasound shows that the fetus is of right size & perfectly positioned. The mom to be is advised to increase her intake of water & eat a proper healthy diet to deliver a healthy baby. You are further advised to keep all your files at one place while visiting your physician so that any kind of inconvenience could be avoided.

Congratulations on this new & happiest phase of your life. Take care!

cc: Recipient Name