[Date]

[Medical institution name]
[Street address]
[City, state, zip code]
[Phone number]
[Email address]

[Patient's full name]
[Patient's street address]
[City, state, zip code]
[Phone number]
[Email address]

Dear [Patient's name],

This letter serves as verification of your pregnancy as confirmed. Based on the examination conducted on [Date], you are pregnant with an expected due date of [Due date].

The confirmation of your pregnancy has been documented in our records. Should you require further information or assistance regarding your pregnancy, please do not hesitate to contact us.

Sincerely,

[Your name]
[Your title]
[Medical institution name]