MEDICAL DOCUMENTATION CONFIRMING PREGNANCY

To Whom It May Concern:

_____ is under my prenatal care.
(Patient's Name)

She is now _____ weeks pregnant. Her Estimated due date is _____.

She may continue to work without restrictions until _____.
(Last Anticipated Day of Work)

_____

Doctor's Signature: _____

Doctor's Name (Printed): _____

Address: _____

Phone Number: _____

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