CLINIC LETTERHEAD HERE

Date HERE

RE [Client ID # Here]

To: Employment and Social Services:

As requested, this letter is to confirm that [Insert Name HERE] is currently in midwifery care. For the purposes of approval for transportation benefits, [Insert Name HERE] has an Estimated Due Date (EDD) of [Insert Date HERE].

These appointments are in-person and ongoing. For the purposes of approval for programming and transportation benefits, here are the dates/times for attendance this month:

This month, [Insert name] is attending the following appointments:

|  |
| --- |
| Medical appointments |
| Dates | Times | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please let me know if you require any further information.

Sincerely,

Midwife Name Here, RM 1234