Date

Doctor Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

RE: Miscarriage Observation

I certify that the patient Mrs. [NAME] had a miscarriage in the hospital [NAME] one week ago. When the patient was brought in the emergency, the bleeding was extremely severe. On scheduling her treatment, it was underscored that she was 16 weeks pregnant with a baby boy. The bleeding had caused a lot of internal damage & weakness to the baby due to which the miscarriage happened. The reason behind severe bleeding which led to miscarriage is still a mystery. However, due to extreme weakness, the patient is supposed to take rest for a minimum span of two weeks to avoid further health issues. The copy of the form is attached to the note on which date, day & every needed detail is provided.

Your Name

cc: Recipient Name