



EVAN DAVID FOUNDATION

"Because a Child is a Precious Gift"

PHYSICIAN LETTER

(PLEASE GIVE TO YOUR CURRENT FERTILITY SPECIALIST)

Dear Doctor:

Your patient has applied to the Evan David Foundation for financial assistance for fertility treatment. The Evan David Foundation is a 501(c)(3) non-profit organization that administers grants to qualified patients seeking in vitro fertilization or other fertility treatment. In order to expedite the processing of your patient's application, we ask that you provide a letter summarizing your patient's care. Please include the following:

- Name of patient
- Reason for infertility
- Comments on semen analysis
- Comments on uterine cavity
- Comments on patency of tubes and ovarian reserve (ideally AMH level)
- AMH reserve
- Patient's BMI
- What is your recommended course of treatment?
- Cost of recommended treatment?
- Do you consider this patient a good candidate for IVF, IVF with donor egg, or embryo adoption?
- Likelihood of Patient achieving a pregnancy with recommended treatment? (Please state a percent – 75%? 50%? 25%? <25%?)

Thank you for your time and cooperation!

Please mail your letter directly to:
Evan David Foundation
P.O. Box 4156
Wilmington, DE 19807

All forms are found under the
Application section at
www.EvanDavidFdn.org