

Transplant Eligibility Disclosure

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

We are writing to inform you about the criteria for eligibility concerning your potential transplant procedure. It is important for you to understand these criteria to determine if you qualify for transplantation.

Eligibility Criteria:

- Age: [Insert Age Range]
- Medical History: [Insert Relevant Medical Conditions]
- Current Health Status: [Insert Health Criteria]
- Psychosocial Evaluation: [Insert Evaluation Criteria]
- Substance Use: [Insert Guidelines]
- Support System: [Insert Requirements]

We encourage you to discuss any questions or concerns you may have regarding your eligibility with your medical team. Their guidance is crucial in navigating the transplant process.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]