Date: [Insert Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Partner Name (if applicable): [Partner Name]

Subject: Initial Gynecology Fertility Assessment Consultation

Dear [Patient Name],

Thank you for choosing our clinic for your fertility assessment. This letter outlines the details of your upcoming consultation and the initial steps we will take to evaluate your reproductive health.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic Address/Room Number]
- **Provider:** [Physician Name]

Scope of Consultation:

During this initial visit, we will review the following:

- Detailed medical, surgical, and gynecological history.
- Menstrual cycle tracking and ovulation patterns.
- Review of any previous imaging or laboratory results.
- Initial physical and pelvic examination.

Required Diagnostics:

To provide a comprehensive assessment, the following tests may be ordered or performed:

- **Ovarian Reserve Testing:** Blood tests (AMH, FSH, Estradiol).
- **Imaging:** Transvaginal ultrasound to assess pelvic anatomy and antral follicle count.
- **Tubal Patency:** Discussion regarding a Hysterosalpingogram (HSG).
- **Partner Assessment:** Semen analysis referral (if applicable).

Instructions for Your Visit:

- Please bring copies of any relevant medical records or previous fertility test results.
- Complete the enclosed patient history questionnaire prior to arrival.
- Check with your insurance provider regarding coverage for fertility diagnostic services.

We look forward to meeting you and assisting you with your family planning goals.

Sincerely,

[Provider Signature]
[Provider Name/Title]
[Clinic Name]
[Contact Phone Number]