Date: [Insert Date]

To: [Recipient Name/Fertility Specialist]
Department: Reproductive Endocrinology and Infertility
Facility: [Clinic/Hospital Name]

RE: Fertility Assessment for Polycystic Ovary Syndrome (PCOS)

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear Dr. [Recipient Last Name],

I am referring [Patient Name] for a comprehensive fertility assessment and management plan regarding a diagnosis of Polycystic Ovary Syndrome (PCOS).

Clinical History:
The patient was diagnosed with PCOS on [Date] based on the following criteria:
- [Oligovulation/Anovulation details]
- [Clinical/Biochemical signs of hyperandrogenism]
- [Polycystic ovaries on ultrasound]

Current Fertility Status:
- Duration of attempted conception: [Months/Years]
- Menstrual Cycle regularity: [Details]
- Previous fertility treatments: [None/List treatments]

Relevant Test Results:
- BMI: [Value]
- AMH Level: [Value]
- FSH/LH Ratio: [Value]
- Fasting Insulin/Glucose: [Value]
- Semen Analysis (if available): [Result]

Reason for Consultation:
The patient wishes to discuss ovulation induction options, metabolic management to optimize fertility, and long-term reproductive health strategies.

Thank you for your expertise in reviewing this case. Please contact my office if you require any further documentation.

Sincerely,

[Your Signature]
[Your Printed Name]

[Your Title/Practice Name]
[Contact Information]