

[Date]

[Prospective Parent Name(s)]

[Address]

[City, State, Zip Code]

Dear [Name(s)],

Welcome to [Clinic Name]. We are honored that you have chosen us to assist you on your journey toward building your family. Our team is dedicated to providing you with personalized care, advanced technology, and compassionate support every step of the way.

We understand that this process is a significant milestone in your life. To help you get started, we have scheduled your initial consultation for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Address/Virtual Link]

During this first meeting, we will review your medical history, discuss your goals, and outline potential diagnostic steps or treatment options tailored to your needs.

Please find the following items enclosed/attached to complete prior to your visit:

- Patient Intake Forms
- Medical History Questionnaire
- Insurance and Billing Information

If you have any questions before your appointment, please feel free to contact our Patient Coordinator at [Phone Number] or via email at [Email Address].

We look forward to meeting you and supporting you in achieving your dreams of parenthood.

Sincerely,

[Doctor/Staff Name]

[Title]

[Clinic Name]