

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us to assist you on your fertility journey. This letter confirms your upcoming initial consultation.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Physician Name]
- **Location:** [Clinic Address/Room Number or Virtual Link]

How to Prepare:

- Please arrive 15 minutes early to complete any remaining paperwork.
- Bring a valid photo ID and your insurance card.
- If applicable, please provide copies of previous fertility testing or medical records.
- Partners are encouraged to attend this initial session.

During this visit, we will review your medical history, discuss your goals, and outline potential diagnostic tests. Our team is dedicated to providing you with personalized care and support every step of the way.

If you need to reschedule or have any immediate questions, please contact our office at [Phone Number] or email us at [Email Address].

We look forward to meeting you.

Sincerely,

[Staff Name/Doctor Name]

[Title]

[Clinic Name]