

[Clinic Name]
[Clinic Address]
[Phone Number]
[Website]

[Date]

Dear [Patient Name(s)],

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

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Physician/Consultant Name]

To prepare for your initial visit, please complete the following steps:

- Complete the digital intake forms via our patient portal.
- Upload any previous reproductive health records or test results.
- Bring a valid photo ID and your insurance card.

We understand that this process can be emotional and complex. Our patient coordinators are available to answer any questions you may have regarding treatment plans, financing, or scheduling. You can reach us at [Phone Number] or [Email Address].

We look forward to meeting you and helping you achieve your dreams of parenthood.

Sincerely,

[Sender Name/Signature]
[Title]
[Clinic Name]