

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to support you on your journey toward building a family. Our team is dedicated to providing you with compassionate care, advanced medical technology, and personalized treatment plans.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor/Provider Name]

To ensure your first visit is productive, please complete the following steps:

1. Fill out the digital intake forms sent to your email.
2. Provide copies of any previous fertility test results or medical records.
3. Bring your insurance card and a valid photo ID.

We understand that this process can be emotional and complex. Our coordinators, nurses, and physicians are here to answer your questions every step of the way. If you need to reschedule or have immediate questions, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and helping you achieve your goals.

Sincerely,

[Name/Signature]

[Title]

[Clinic Name]