

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Information Regarding Your Fertility Assessment

Dear [Patient Name],

This letter provides information regarding your upcoming fertility assessment at [Clinic Name]. This assessment is designed to provide a comprehensive overview of your reproductive health.

Scheduled Appointment:

- Date: [Date]
- Time: [Time]
- Location: [Clinic Address/Room Number]

What to Expect:

The assessment typically involves the following components:

- **Consultation:** A review of your medical history and lifestyle factors.
- **Blood Tests:** To evaluate hormone levels (such as FSH, AMH, and LH).
- **Ultrasound:** An imaging scan to examine the ovaries and uterus.
- **Semen Analysis:** (If applicable) To evaluate sperm count, shape, and movement.

Preparation Instructions:

- Please bring any relevant previous medical records or test results.
- [Insert specific fasting or cycle-day instructions here].
- Arrive 15 minutes early to complete necessary paperwork.

Following the assessment, your physician will meet with you to discuss the results and potential next steps or treatment options.

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

Sincerely,

[Doctor/Coordinator Name]

[Clinic Name]