

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your IVF embryo transfer is scheduled for [Date] at [Time]. The procedure will take place at our [Clinic Name] facility, located at [Clinic Address].

Please arrive at least [30 minutes] before your scheduled time to allow for pre-procedure preparations. It is important for you to follow these instructions prior to your appointment:

1. **\*\*Medications\*\***: Please continue taking your prescribed medications as directed.
2. **\*\*Diet\*\***: You may eat or drink normally unless instructed otherwise.
3. **\*\*Clothing\*\***: Wear comfortable, loose-fitting clothing on the day of the transfer.
4. **\*\*Support\*\***: You may bring a partner or support person with you if you wish.

After the transfer, you are encouraged to rest for a short period before resuming normal activities.

If you have any questions or concerns leading up to the procedure, please do not hesitate to contact our office at [Phone Number] or [Email Address].

We wish you the best of luck with your embryo transfer and look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Phone Number]

[Email Address]