

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Doctor's Name or Fertility Clinic],

Subject: IVF Transfer Request

I hope this letter finds you well. My name is [Your Name], and I have been undergoing fertility treatments at your clinic. I am writing to formally request the transfer of my [embryos/samples] as part of my ongoing IVF treatment process.

Details of my treatment are as follows:

- Patient ID: [Your Patient ID]
- Treatment Cycle: [Date or Cycle Number]
- Number of Embryos to be Transferred: [Number]
- Preferred Date for Transfer: [Preferred Date]
- Any specific instructions or considerations: [List any necessary details]

I appreciate your assistance in this matter and look forward to your prompt response regarding the scheduling of the transfer. Please do not hesitate to contact me via phone or email should you need any further information.

Thank you for your continued support and care.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]