

[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 transfer is scheduled for [Date] at [Time]. Please arrive at [Location] approximately [Time] before your appointment.

Before the transfer, ensure you:

- [Instruction 1]

- [Instruction 2]

- [Instruction 3]

If you have any questions or need to reschedule, do not hesitate to contact us at [Clinic's Phone Number] or [Clinic's Email Address].

We wish you the best of luck with your upcoming transfer.

Sincerely,

[Your Name]

[Your Title]

[Clinic's Name]

[Clinic's Contact Information]