

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Clinic/Hospital Name]  
[Clinic/Hospital Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my intent to proceed with an IVF transfer at [Clinic/Hospital Name]. After careful consideration and consultation with my healthcare provider, I believe that this is the best course of action for my reproductive journey.

I have completed the necessary preliminary assessments, including [mention any tests or evaluations completed], and I am fully committed to the protocols set forth by your team. I understand the importance of adhering to the timeline and guidelines for the transfer process.

I would appreciate your guidance on the next steps and any additional information required to facilitate the transfer. Thank you for your support and expertise in this matter.

Sincerely,  
[Your Name]