

# Confirmation of Infertility Treatment Consultation

Dear [Patient's Name],

We are pleased to confirm your appointment for an infertility treatment consultation.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic Name & Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Clinic Phone Number] or [Clinic Email].

We look forward to assisting you on your journey.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]