

Fertility Assessment Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a fertility assessment for my patient, [Patient's Full Name], who is experiencing difficulties in conceiving.

The patient is [age], has a medical history of [insert relevant medical history], and has been trying to conceive for [duration]. After thorough evaluation, I believe a comprehensive fertility assessment is necessary to identify any underlying issues.

Please find attached the patient's medical records and previous test results for your review. I would appreciate your expertise in conducting the necessary tests and evaluations to assist [Patient's Full Name] in understanding their fertility status.

Thank you for your attention to this matter. Please feel free to contact me if you require further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Clinic Name]

[Contact Information]