April 7th, 2017

Recipient's Name

Recipient's address

Recipient's address

Dear Dr (insert Dr’s name)

**Insert name of patient/s and address or patient number**

Your patient/s (insert name/s) came to see me at the (insert city or location) Natural Fertility clinic to learn fertility awareness to achieve a pregnancy and I will be working with her/them over the next two to three menstrual cycles so that we can build up a record of her/their fertility.

As well as discussing healthy lifestyle choices, we will teach (insert woman’s name) how to observe and record cervical mucus so that intercourse can be timed to maximise chances of pregnancy. She will also record her basal body temperature to confirm that she is ovulating and the time between ovulation and the onset of her period to confirm that the luteal length is sufficient to sustain a pregnancy.

Please do not hesitate to contact me on if you have any queries.

Yours sincerely,

(insert Educator’s name)

**Fertility Educator**

(insert educator email)
(insert educator phone)

(insert educator postal address)