[On headed paper – Hospital logo and pregnancy loss clinic logo, where it exists; keep to one page]

[Patient name and address]

[Patient ID number]

[Date]

**[Recurrent Miscarriage / Pregnancy Loss] clinic appointment**

Dear [Name]

I am writing to confirm that an appointment has been arranged for you to attend Dr [Name]’s [Recurrent Miscarriage / Pregnancy Loss] Clinic. Your partner or a support person is welcome to attend this appointment with you.

**Date/Time: [Date / Time]**

**Location: [Name and Location of Clinic; (Room), Floor/Ward, Hospital name]**

During this appointment your history will be clarified, and your test results will be discussed, along with plans for any further testing and treatment. For information about what this may involve, please see this summary document: <https://tinyurl.com/recurrentmiscarriageinfo>.

On the day of your appointment, please check in at [LOCATION, e.g. main reception in [Hospital Name]] where they will direct you to the clinic area*.*

It is important to acknowledge that you have had a difficult journey to come to this point.

For support around recurrent miscarriage, please find links to the following:

* Hospital website with dedicated pregnancy Loss / miscarriage information [e.g. CUMH - Cork Miscarriage Website: [www.corkmiscarriage.com](http://www.corkmiscarriage.com)]
* Miscarriage Association of Ireland: [www.miscarriage.ie](http://www.miscarriage.ie)
* Pregnancy and Infant Loss Ireland: [www.pregnancyandinfantloss.ie](http://www.pregnancyandinfantloss.ie).

You may also contact the Bereavement/Recurrent Miscarriage Midwife in [Hospital Name] on [phone number / email].

If you are unable to attend this appointment, please contact the secretary [NAME/email] to let them know, and to rearrange.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional information**

* We recommend that children do not attend this appointment with you, where possible, given the nature of the discussions.
* You will be seen as close as possible to your appointment time, but please be aware that delays can occur due to the nature of the consultations at this clinic.
* If you have symptoms of COVID-19, please do not attend your appointment; contact the secretary to let them know, and to rearrange.
* For information about how to get to/find the clinic, see [link to hospital website with location / travel information]. Please note that there is a No Smoking Policy on this hospital campus.

[Insert hospital contact details]