

Referral for Prenatal Care

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [**Patient's Full Name**], to your facility for comprehensive prenatal care. She is currently [insert weeks of gestation] weeks pregnant and has been under my care since [insert date].

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
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- Contact Number: [Patient's Contact Number]

Medical History:

[Brief summary of the patient's medical history, any relevant observations, or special considerations.]

It is essential for her to receive appropriate prenatal care to monitor the health of both mother and baby. Please do not hesitate to contact me at [Your Contact Information] should you require further information.

Thank you for your prompt attention to this referral.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Practice Name]

[Your Contact Information]