

Prenatal Consultation Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Patient Name],

We are writing to confirm your upcoming prenatal consultation regarding your high-risk pregnancy. Your health and the health of your baby are our top priorities, and we aim to provide you with the best possible care.

Consultation Details:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Clinic/Hospital Name and Address]

During this consultation, we will discuss your medical history, any potential risks, and the appropriate monitoring and interventions necessary for a safe pregnancy. Please bring along any medical records, and do not hesitate to write down any questions or concerns you may have in advance.

Thank you for entrusting us with your care. If you have any questions before your appointment, please feel free to contact our office at [Insert Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Contact Information]