

# Referral Letter

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], for antenatal care consultation. [He/She/They] is currently [insert gestational age] and is experiencing [brief description of the reason for referral].

Patient Details:

- **Name:** [Patient's Name]
- **Date of Birth:** [DOB]
- **Address:** [Patient's Address]
- **Contact Number:** [Patient's Phone Number]

Relevant Medical History:

[Briefly outline any relevant medical history or previous antenatal complications.]

Please conduct a thorough evaluation and provide recommendations for further management. I have included copies of [relevant documents, e.g., ultrasound reports, lab results] for your review.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]