Date: [Insert Date]

To: [Referring Physician Name]
Clinic: [Clinic/Facility Name]
Fax/Address: [Contact Information]

RE: High-Risk Maternal-Fetal Medicine Consultation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Estimated Date of Delivery: [EDD]
Gestational Age: [Current Weeks/Days]

Reason for Consultation: Advanced Maternal Age (AMA)

Clinical Summary:
The patient is a [Age]-year-old [Gravida/Para] who was referred for a high-risk consultation due to advanced maternal age. A comprehensive review of the patient's medical history, prior obstetric outcomes, and current pregnancy progress was performed.

Evaluation and Findings:
During today's visit, the following were addressed:

- Review of risks associated with AMA, including chromosomal abnormalities and obstetric complications (preeclampsia, gestational diabetes).
- Ultrasound findings: [Insert findings or "Normal anatomy scan/nuchal translucency"].
- Genetic screening results: [Insert results or "Pending/Declined"].

Recommendations and Management Plan:

1. **Aspirin Therapy:** Recommend 81mg or 162mg daily starting at 12-16 weeks for preeclampsia prophylaxis.
2. **Fetal Surveillance:** Initiation of [Antenatal Testing/NSTs/BPPs] starting at [32/36] weeks.
3. **Growth Scans:** Serial ultrasounds recommended every [4/6] weeks to monitor fetal growth.
4. **Delivery Timing:** Consider induction of labor between [39w 0d - 40w 0d] as per ACOG guidelines for AMA.

Follow-up:
The patient will follow up with MFM in [Timeframe] for [Next Step]. Primary prenatal care remains with your office.

Thank you for the opportunity to participate in this patient's care.

Sincerely,

[Consultant Name, MD/DO]
Maternal-Fetal Medicine Specialists
[Contact Phone Number]