Date: [Insert Date]

Referring Provider: [Name of Referring Physician]
Practice Name: [Name of Clinic/Hospital]
Address: [Street Address, City, State, Zip]

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Gestational Age: [Number] Weeks [Number] Days
EDC: [Estimated Date of Confinement]

Dear Dr. [Referring Physician Last Name],

I had the opportunity to evaluate [Patient Name] today for a targeted ultrasound and consultation following an initial screening that suggested a potential fetal anomaly. Below is a summary of our findings and the management plan discussed with the patient.

Clinical Findings:
The detailed ultrasound performed today confirmed the presence of the following fetal anomaly/anomalies: [Detailed Description of Findings, e.g., Ventricular Septal Defect, Myelomeningocele, etc.]. All other fetal anatomy visualized was [Normal/As described in the attached report].

Assessment:
The findings are consistent with a diagnosis of [Specific Diagnosis or Differential Diagnosis]. We discussed the implications of this finding, the expected prognosis, and the potential impact on the remainder of the pregnancy and neonatal period.

Recommendations and Plan:

- [ ] Genetic counseling has been scheduled/performed.
- [ ] Amniocentesis or CVS was [Offered/Performed/Declined].
- [ ] Referral to Pediatric Subspecialists: [List Specialty, e.g., Pediatric Cardiology].
- [ ] Follow-up growth and anatomy scans scheduled for [Frequency/Date].
- [ ] Delivery planning: [Vaginal vs. Cesarean considerations and Level of NICU required].

Counseling:
The patient and her partner were counseled extensively regarding these findings. They have been provided with educational materials and have been offered support services, including social work and grief counseling where appropriate. They are currently considering their options regarding [Management/Testing/Intervention].

Thank you for the opportunity to assist in the care of [Patient Name]. I will continue to keep you updated on her progress. Please do not hesitate to contact me if you have any questions.

Sincerely,

[Signature]
[Consulting Physician Name, MD/DO]
[Title/Department]
[Phone Number]