Date: [Date]

To: [Referring Physician Name]
Clinic: [Referring Clinic Name]
Address: [Clinic Address]

RE: Preterm Labor Evaluation
Patient Name: [Patient Name]
Date of Birth: [Patient DOB]
Gestational Age: [Weeks/Days]

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] today regarding concerns for preterm labor. Below is a summary of the consultation and clinical findings.

History of Present Illness:
The patient presented with complaints of [uterine contractions / pelvic pressure / vaginal discharge / back pain] starting at [Time/Date]. She denies/reports rupture of membranes or vaginal bleeding. Fetal movement is [normal/decreased].

Clinical Findings:
- **Fetal Heart Rate:** [Rate] bpm, [Reactive/Non-reactive]
- **Tocometry:** [Frequency] contractions per 10 minutes
- **Cervical Exam:** [Dilation] cm / [Effacement] % / [Station]
- **Fetal Fibronectin (fFN):** [Positive/Negative/Not Performed]
- **Cervical Length (Ultrasound):** [Measurement] mm

Assessment:
[Patient Name] is currently [stable/in active preterm labor/under observation]. At this time, the risk of delivery within the next 7 days appears [low/high] based on clinical markers.

Plan:
- [ ] Discharge to home with pelvic rest and follow-up in [Number] days.
- [ ] Administration of Antenatal Corticosteroids (Betamethasone/Dexamethasone).
- [ ] Initiation of Tocolysis (nifedipine/indomethacin/magnesium sulfate).
- [ ] Group B Strep (GBS) prophylaxis.
- [ ] Transfer to a tertiary care facility.

Thank you for the opportunity to participate in this patient's care. Please contact me at [Phone Number] if you have any questions.

Sincerely,

[Your Name, MD/DO]
[Your Practice Name]