Date: [Date]

To: [Consulting Physician Name]
Department: [Department Name/Clinic]
Address: [Facility Address]

RE: Placenta Previa Evaluation Consultation
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Gestational Age: [Number] Weeks [Number] Days

Dear Dr. [Physician Last Name],

I am referring [Patient Name] to your care for a formal consultation regarding a suspected or confirmed diagnosis of placenta previa. This condition was identified during a routine ultrasound performed on [Date of Scan].

Clinical History:
[Insert brief history, e.g., Gravida/Para status, previous Cesarean sections, or episodes of vaginal bleeding].

Imaging Findings:
The recent imaging indicates the placenta is [Complete / Partial / Marginal / Low-lying] in relation to the internal cervical os. Distance from the os is measured at [Number] mm.

Reason for Consultation:
Please evaluate the patient for the following:
- Confirmation of placental location via targeted ultrasound.
- Risk assessment for placenta accreta spectrum (PAS).
- Recommendations for activity restrictions and pelvic rest.
- Guidance on timing and mode of delivery.

The patient has been instructed to present to the emergency department immediately in the event of any vaginal bleeding or contractions.

Thank you for your expertise in managing this high-risk pregnancy. Please forward your consultation report and management plan to my office at your earliest convenience.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Practice Name]
[Contact Phone Number]