Date: [Insert Date]

To: [Consultant Name/Fertility Clinic Name]
Department: Reproductive Medicine / Gynecology
Address: [Clinic Address]

RE: Referral for Recurrent Pregnancy Loss Assessment

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
NHS/ID Number: [ID Number]
Contact Number: [Phone Number]

Dear Dr. [Consultant Last Name],

I am writing to formally refer [Patient Name] for a comprehensive fertility assessment and investigation into recurrent pregnancy loss.

Obstetric History:
The patient has experienced [Number] consecutive pregnancy losses.

- Loss 1: [Date/Gestation/Management]
- Loss 2: [Date/Gestation/Management]
- Loss 3: [Date/Gestation/Management]

Medical History:
[Briefly list relevant conditions such as PCOS, Thyroid issues, or Autoimmune disorders.]

Current Medications:
[List medications and supplements, e.g., Folic Acid.]

Initial Investigations (if any):
[List any completed blood tests, pelvic ultrasounds, or semen analysis results.]

Clinical Request:
We request a formal consultation to explore potential etiologies, including:

- Uterine anatomical assessment (3D Ultrasound/Hysteroscopy)
- Thrombophilia and Antiphospholipid Syndrome screening
- Parental Karyotyping
- Endocrine and Thyroid profiling
- Development of a management plan for future pregnancies

The patient and their partner are understandably distressed and are seeking expert guidance on the next steps for a viable pregnancy.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]
[Your Title/Role]
[Facility Name]