

**Date:** [Date]

**To:** [Specialist Name/Maternal-Fetal Medicine Department]

**Facility:** [Receiving Hospital/Clinic Name]

**Address:** [Street Address, City, State, Zip Code]

**RE: Referral and Transfer of Care**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Estimated Date of Delivery (EDD):** [EDD]

**Current Gestational Age:** [Weeks/Days]

Dear Dr. [Recipient Last Name],

I am writing to formally transfer the prenatal care of [Patient Name] to your practice for specialized maternal-fetal medicine management. This patient has been identified as high-risk due to the following clinical indications:

- [Primary Diagnosis/Risk Factor 1]
- [Secondary Diagnosis/Risk Factor 2]
- [Relevant Medical/Obstetric History]

**Current Pregnancy Status:**

[Brief summary of current symptoms, recent ultrasound findings, or lab results].

**Current Medications/Treatments:**

[List medications, dosages, and ongoing treatments].

Accompanying this letter, you will find the patient's complete prenatal records, including recent imaging, laboratory panels, and genetic screening results. Our last office visit was conducted on [Date of Last Visit].

The patient has been briefed on the reasons for this transfer and is aware that you will be managing her care moving forward. Please contact our office at [Your Phone Number] if you require additional information or clarification regarding this case.

Thank you for your professional collaboration in the care of this patient.

Sincerely,

[Your Signature]

[Your Printed Name and Title]

[Your Practice Name]

[Your Phone Number/Email]