

Date: [Insert Date]

Patient Name: [Insert Full Name]

Date of Birth: [Insert DOB]

Patient ID/Medical Record Number: [Insert ID Number]

To: [Recipient Name/Physician Name]

Facility: [Recipient Institution/Department]

Subject: Transmittal of Relevant Diagnostic Imaging and Laboratory Results

Dear [Recipient Name],

Please find the relevant diagnostic and laboratory findings for the patient mentioned above. These results are being provided to assist with [ongoing treatment / surgical clearance / specialist consultation].

1. Laboratory Results

Test Name	Date of Collection	Result	Reference Range
[e.g., Complete Blood Count]	[Date]	[Value]	[Range]
[e.g., Comprehensive Metabolic Panel]	[Date]	[Value]	[Range]

2. Diagnostic Imaging Reports

- **Imaging Type:** [e.g., Chest X-Ray / MRI Lumbar Spine]
Date of Study: [Date]
Key Findings: [Brief summary of results]
Impression: [Clinical conclusion]

3. Clinical Interpretation / Recommendations

[Insert brief notes on how these results correlate with the patient's current symptoms or clinical status.]

If you require the original DICOM imaging files or additional data, please contact our office at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Credentials]

[Your Facility Name]