

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Reference Number: [Insert Reference Number]

Dear [Insert Patient Name],

This letter is to inform you that your recent Electroencephalogram (EEG) test performed on [Insert Date of Test] has been reviewed by our neurology department.

Result Summary:

[Insert Result: Normal / Abnormal / Inconclusive]

Provider Comments:

[Insert detailed notes or findings here]

Next Steps:

- [Option 1: No further action is required at this time.]
- [Option 2: Please schedule a follow-up appointment to discuss these results.]
- [Option 3: Further testing has been ordered: Insert Test Name.]

If you have any immediate questions regarding these results, please contact our office at [Insert Phone Number] or via the patient portal.

Sincerely,

[Insert Doctor/Provider Name]

[Insert Facility Name]

[Insert Contact Information]