

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Consultation: [Insert Visit Date]

Dear [Patient Name],

This letter is to follow up on your recent rheumatology consultation regarding the diagnostic evaluation of a potential autoimmune condition. Below is a summary of our findings, test results, and the recommended plan of care.

1. Clinical Assessment

[Insert summary of physical exam findings and reported symptoms, e.g., joint swelling, morning stiffness, or skin rashes].

2. Diagnostic Test Results

Based on the laboratory work and imaging performed, the following key markers were noted:

- **Inflammatory Markers (ESR/CRP):** [Result]
- **Autoantibody Screen (ANA/RF/anti-CCP):** [Result]
- **Imaging (X-ray/Ultrasound/MRI):** [Result]
- **Other Pertinent Labs:** [Result]

3. Diagnosis

Based on the clinical criteria and diagnostic evidence, the current diagnosis is: **[Insert Diagnosis or "Undifferentiated Connective Tissue Disease"]**.

4. Treatment Plan

To manage your symptoms and prevent disease progression, we will initiate the following:

- **Medication:** [Drug Name], [Dosage], [Frequency].
- **Lifestyle Modifications:** [e.g., Physical therapy, anti-inflammatory diet].
- **Additional Testing:** [e.g., Baseline eye exam or chest X-ray].

5. Follow-Up and Monitoring

Routine monitoring is essential for managing autoimmune health. Your next steps are:

- Schedule follow-up blood work in [Number] weeks.
- Next clinic appointment: [Insert timeframe, e.g., 3 months].

Please contact our office immediately if you experience any severe side effects, high fever, or a significant worsening of your symptoms.

Sincerely,

[Doctor Name, MD/DO]

[Department of Rheumatology]

[Clinic/Hospital Name]

[Contact Phone Number]