[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Re: Clinical Findings of Venous Mapping Consultation

Dear [Patient Name],

Thank you for attending your vein mapping consultation on [Date of Consultation]. This letter summarizes the clinical findings from your duplex ultrasound scan and our recommended treatment plan.

Clinical Findings:

- **Right Leg:** [Detail findings, e.g., Great Saphenous Vein reflux, diameter measurements, presence of varicosities]
- **Left Leg:** [Detail findings, e.g., Small Saphenous Vein competence, deep vein patency]
- **General Observations:** [Note skin changes, edema, or specific symptoms reported]

Diagnosis:
Based on the ultrasound mapping, you have been diagnosed with [Diagnosis, e.g., Chronic Venous Insufficiency, CEAP Classification].

Proposed Treatment Plan:

To address these findings, we recommend the following intervention(s):

- [Treatment 1, e.g., Endovenous Laser Ablation (EVLA)]
- [Treatment 2, e.g., Ultrasound-Guided Foam Sclerotherapy]
- [Conservative measures, e.g., Compression Therapy]

Next Steps:
Please review the attached educational materials regarding the proposed procedures. Our patient coordinator will contact you within [Number] days to discuss scheduling and insurance authorization. If you have any immediate questions, please contact our office at [Phone Number].

Sincerely,

[Physician Name]
[Title]
[Clinic Name]