[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Thank you for visiting [Clinic Name] on [Appointment Date] for your vascular vein mapping consultation. This letter summarizes the findings of your ultrasound and the recommended next steps for your care.

Clinical Findings:
The ultrasound imaging performed during your visit provided a detailed map of your venous system. Specifically, we evaluated the size, depth, and flow patterns of the veins in your [Left/Right/Both] [Arm/Leg].

Assessment:
[Insert Brief Summary of Results, e.g., The mapped veins are suitable for fistula creation / Evidence of venous insufficiency was noted / Vein diameters are within normal limits.]

Recommended Plan:
Based on these results, [Doctor Name] recommends the following:
[ ] Proceed with scheduled surgical procedure on [Date].
[ ] Conservative management (compression stockings and elevation).
[ ] Further diagnostic testing.
[ ] Referral to [Specialist Name].

Next Steps:
Our surgical coordinator will contact you within [Number] business days to discuss scheduling and pre-operative instructions, if applicable. If you have been prescribed compression therapy, please begin wearing your garments as directed.

If you have any questions regarding your mapping results or the proposed treatment plan, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]