[Date]
[Consulting Radiologist Name]
[Department of Radiology]
[Facility Name]

RE: Radiology Consultation / Image Interpretation
Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear Dr. [Referring Physician Last Name],

Pursuant to your request, I have performed a formal interpretation of the imaging studies provided for the above-referenced patient.

Study Type: [e.g., CT Abdomen/Pelvis with Contrast]
Date of Study: [Date]
Clinical Indication: [Reason for Exam]

Comparison: [Previous study date or "None available"]

Findings:

[Insert detailed description of anatomical findings here]

Impression:

1. [Primary diagnosis or finding]
2. [Secondary findings]
3. [Recommendations for follow-up or additional imaging]

Thank you for the opportunity to participate in the care of this patient. If you have any questions regarding this interpretation, please contact me at [Phone Number].

Sincerely,

[Signature]
[Radiologist Name, MD/DO]
[Medical License Number]