Date: [Date]

To: [Referring Surgeon Name]
Department: [Surgical Department]
Facility: [Hospital/Clinic Name]

RE: Preoperative Radiology Consultation
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]
Proposed Procedure: [Name of Surgery]

Dear Dr. [Surgeon Last Name],

At your request, I have reviewed the preoperative imaging for the above-referenced patient to assist in surgical planning. Below is my formal interpretation of the findings.

Imaging Studies Reviewed:

- [Type of Study, e.g., CT Abdomen/Pelvis] performed on [Date]
- [Type of Study, e.g., MRI Spine] performed on [Date]

Clinical Indication:
[Brief description of patient diagnosis and surgical objective]

Key Radiologic Findings:

- **Target Lesion/Area:** [Size, location, and characteristics of the primary surgical target]
- **Anatomic Variants:** [Note any vascular or structural anomalies relevant to the surgical approach]
- **Adjacent Structures:** [Relationship of the pathology to nearby organs, vessels, or nerves]

Impression:
[Summary of findings as they relate to the proposed surgical intervention]

Recommendations:
[Optional: Suggestions for intraoperative guidance or additional localized imaging if necessary]

Please contact me at [Phone Number/Extension] or [Email] if you wish to review these images at a workstation or discuss the findings further.

Sincerely,

[Radiologist Signature]
[Radiologist Name, MD/DO]
[Department of Radiology]