Date: [Date]

To: [Radiologist Name]
Department: [Radiology/Imaging Department]
Facility: [Hospital/Clinic Name]

RE: Request for Postoperative Image Interpretation
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]
Date of Surgery: [Date of Procedure]

Dear Dr. [Radiologist Last Name],

I am requesting a formal consultation and interpretation of the following postoperative imaging studies for the patient mentioned above:

- **Study Type:** [e.g., X-ray, CT, MRI]
- **Anatomical Site:** [e.g., Right Knee, Lumbar Spine]
- **Date of Imaging:** [Date]

Clinical Context:
The patient underwent [Name of Surgical Procedure] on [Date]. The procedure involved [brief description, e.g., internal fixation, resection, or graft placement].

Reason for Consultation / Clinical Concerns:
Please evaluate the images specifically for:
- [e.g., Hardware placement and stability]
- [e.g., Evidence of postoperative complications or infection]
- [e.g., Progression of healing or alignment]
- [e.g., Comparison with preoperative imaging dated MM/DD/YYYY]

Thank you for your expertise and timely review. Please forward the final report to my office at [Fax Number/Email/Internal System].

Sincerely,

[Signature]
[Requesting Physician Name]
[Title/Specialty]
[Contact Information]