

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

RE: Electroencephalogram (EEG) Test Results

Dear [Patient Name or Parent/Guardian Name],

This letter is to inform you of the results of the Electroencephalogram (EEG) performed on [Date of Test].

Test Indication: [Reason for test, e.g., Seizure evaluation/Fainting spells]

Summary of Findings:

[Insert brief summary: e.g., The EEG was within normal limits / The EEG showed focal slowing / The EEG showed epileptiform discharges.]

Interpretation:

[Insert detailed interpretation or clinical significance.]

Recommendations and Follow-up:

Based on these results, the following plan is recommended:

[Insert next steps, e.g., No further testing needed / Start medication / Schedule follow-up appointment.]

If you have any questions regarding these results or would like to discuss the next steps in your care, please contact our office at [Phone Number] to schedule a follow-up consultation.

Sincerely,

[Physician Name]

[Department/Clinic Name]

[Contact Information]