URGENT: CRITICAL DIAGNOSTIC RESULTS

Date: [Insert Date]

To: [Referring Physician Name]
Clinic/Department: [Clinic Name]
Fax/Email: [Contact Information]

RE: PATIENT INFORMATION
Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/MRN: [ID Number]
Specimen ID: [Accession Number]

Dear Dr. [Physician Last Name],

This letter is to formally notify you of a **CRITICAL VALUE** or **URGENT DIAGNOSIS** regarding the pathology specimen submitted on [Collection Date].

Summary of Findings:
[Insert Brief Description of Critical Finding/Diagnosis]

Due to the nature of these results, immediate clinical correlation and patient intervention may be required. These results were verbally communicated to [Name of Person Notified] on [Date] at [Time].

The full pathology report is attached to this communication. If you have questions or require further consultation, please contact the signing pathologist immediately at [Phone Number].

Sincerely,

[Pathologist Name, MD/DO]
[Laboratory Name]
[Phone Number]
