

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Examination Date: [Date of X-Ray]

Type of X-Ray: [Type of X-Ray, e.g., Chest, Hand]

Dear [Patient Last Name],

We are writing to inform you that the results of your recent X-ray imaging are normal.

The radiologist has reviewed the images and found no significant abnormalities, fractures, or areas of concern. No further action or follow-up imaging is required at this time regarding this specific study.

Please note that these results should be considered alongside your clinical symptoms. If you continue to experience pain or if your symptoms worsen, please contact our office to discuss the next steps in your care.

A copy of this report has been added to your permanent medical record.

Sincerely,

[Provider Name]

[Practice/Clinic Name]

[Phone Number]