

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Subject: X-Ray Imaging Results - Fracture Confirmation

Dear [Patient Name],

This letter is to inform you of the results regarding the X-ray imaging performed on [Date of Scan] at [Facility Name].

The radiologist has reviewed your images and confirmed a fracture located at the [**Specify Bone/Body Part, e.g., Left Distal Radius**]. The report describes the injury as a [**Type of Fracture, e.g., hairline, displaced, or simple fracture**].

Next Steps:

- **Consultation:** You are scheduled to meet with [Doctor Name/Orthopedic Specialist] on [Date] at [Time] to discuss the treatment plan.
- **Immediate Care:** Please keep the affected area [immobilized/elevated] and follow the pain management instructions previously provided.
- **Symptoms to Watch:** Seek immediate medical attention if you experience increased swelling, numbness, or skin discoloration in the affected limb.

A full copy of the radiology report has been sent to your primary care physician and is available upon request.

If you have any questions regarding these results before your scheduled appointment, please contact our office at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name]

[Department/Clinic Name]