

[Clinic or Hospital Name]
[Department of Radiology]
[Address]
[Phone Number]

Date: [Date]

To the Parents/Guardians of [Child's Full Name],

Re: X-Ray Imaging Results
Date of Imaging: [Date of X-ray]
Type of Study: [Body Part, e.g., Chest, Right Forearm]

Dear [Parent/Guardian Name],

We are writing to provide you with the results of the X-ray performed on [Child's Name]. The images have been reviewed by our pediatric radiologist.

Result Summary:

[Insert Result: e.g., Normal / No fracture detected / Presence of pneumonia / Finding confirmed]

Detailed Findings:

[Insert detailed description of findings here]

Next Steps:

[Insert instructions: e.g., Please follow up with your pediatrician / No further action needed / Schedule a follow-up appointment in X weeks]

If you have any questions regarding these results, please contact your referring physician, [Doctor's Name], at [Phone Number].

Sincerely,

[Radiologist or Physician Name]
[Title]
[Medical Facility]