

[Doctor Name/Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: X-Ray Imaging Results

Dear [Patient Name],

We are writing to provide you with the results of the X-ray taken on [Date of Service] regarding your [Body Part, e.g., Right Knee].

Findings:

[Insert summary of findings here, e.g., The imaging shows no evidence of fracture or dislocation. There are signs of mild osteoarthritis consistent with your symptoms.]

Clinical Interpretation:

Based on these results, the following has been determined:
[Insert interpretation or diagnosis here]

Next Steps:

[Insert follow-up instructions, e.g., Please continue with physical therapy as scheduled / We would like to schedule a follow-up appointment to discuss further treatment options / No further action is required at this time.]

If you have any questions regarding these results, please contact our office at [Phone Number] to speak with a member of your care team.

Sincerely,

[Doctor Name/Provider Signature]
[Title]
[Clinic/Practice Name]