

URGENT: ACTION REQUIRED

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Dear [Patient Name],

We are writing to inform you that we have received the results of your recent X-ray imaging performed on [Date of Scan].

The results require immediate follow-up and clinical review. It is important that you contact our office as soon as possible to discuss these findings with your healthcare provider and determine the next steps for your care.

Please call our office at [Phone Number] immediately.

If you are calling after business hours and experiencing a medical emergency, please proceed to the nearest emergency room or call 911.

We look forward to speaking with you promptly.

Sincerely,

[Doctor/Provider Name]

[Clinic/Hospital Name]

[Contact Information]