

[Hospital or Clinic Name]
[Department Name]
[Address]
[Phone Number]
[Date]

To: [Patient Name]
DOB: [Patient Date of Birth]
RE: Follow-Up Evaluation of X-Ray Imaging Results

Dear [Patient Name],

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

Result Summary:

[Insert Brief Summary of Findings, e.g., No fracture detected / Mild degenerative changes noted].

Clinical Assessment:

Based on these results, the following plan has been established for your care:
[Insert Treatment Plan, e.g., Rest and physical therapy / Prescription medication / Referral to specialist].

Next Steps:

- [] No further action is required at this time.
- [] Please schedule a follow-up appointment in [Number] weeks.
- [] Please complete the additional tests listed: [Additional Tests].

If you experience an increase in pain, swelling, or new symptoms before your next scheduled visit, please contact our office immediately at [Phone Number].

Sincerely,

[Doctor's Signature/Name]
[Medical Title]
[Clinic/Organization Name]