

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Patient ID: [ID Number]

Subject: X-Ray Imaging Results and Medical Clearance

Dear [Patient Name],

This letter is to inform you of the results of your recent X-ray imaging performed on [Date of Procedure] for the purpose of [Reason for X-ray/Surgical Clearance].

Imaging Findings:

[Insert brief summary of results, e.g., Results are within normal limits / No acute abnormalities detected].

Clearance Status:

Based on the review of these imaging results and your current clinical presentation:

- The patient is **CLEARED** for [Procedure/Activity Name].
- The patient is **NOT CLEARED** at this time pending further evaluation.
- The patient is cleared with the following **RESTRICTIONS:** [List restrictions if applicable].

Follow-up Instructions:

[Insert follow-up requirements, e.g., Please schedule an appointment with your surgeon to discuss these results further].

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Facility Name]

[Contact Information]