

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

To: [Patient Name]  
Address: [Patient Address]

RE: Pre-Surgical X-Ray Results

Dear [Patient Name],

This letter is to inform you that we have reviewed the results of your pre-surgical X-ray performed on [Date].

**Result Status:** [Normal / Requires Follow-up / Clearance Granted]

**Clinical Notes:**

[Insert brief summary of findings here]

Based on these results, you are [cleared / not yet cleared] to proceed with your scheduled surgery on [Surgery Date].

**Next Steps:**

[Instruction 1: e.g., No further action is required.]

[Instruction 2: e.g., Please contact your surgeon's office to discuss these findings.]

[Instruction 3: e.g., Bring a copy of these results to your pre-operative appointment.]

If you have any questions regarding these results, please contact our office at [Phone Number] or speak with your primary surgeon.

Sincerely,

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