

[Doctor's Name/Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

This letter is to inform you that your recent MRI scan results for [Body Part Scanned], performed on [Date of Scan], are now available for review.

To discuss these findings and determine the next steps in your treatment plan, we would like to schedule a follow-up consultation. It is important to go over the details of the report with you in person to ensure all your questions are answered.

Please contact our office at [Phone Number] at your earliest convenience to schedule an appointment. If you already have a follow-up appointment scheduled for [Existing Date], please consider this a reminder.

If you have any urgent concerns prior to your appointment, do not hesitate to reach out to us.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Clinic Name]