

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: MRI Scan Results and Treatment Plan Initiation

Dear [Patient Name],

We have received and reviewed the results of your MRI scan performed on [Date of Scan] at [Facility Name].

Summary of Findings:

The scan provided detailed images of [Area Scanned]. The primary findings indicate [Brief Summary of Results].

Proposed Treatment Plan:

Based on these results, we are initiating the following treatment plan to address your symptoms and promote recovery:

- [Treatment Action 1: e.g., Medication name/dosage]
- [Treatment Action 2: e.g., Referral to physical therapy]
- [Treatment Action 3: e.g., Activity modifications or restrictions]

Next Steps:

We would like to schedule a follow-up appointment on [Date/Time] or within [Number] days to monitor your progress and adjust the plan as necessary. Please contact our office at [Phone Number] to confirm this appointment or if you have any immediate questions regarding these results.

A full copy of the radiologist's report has been placed in your medical record and is available upon request via the patient portal.

Sincerely,

[Doctor Name]

[Practice Name]

[Phone Number]