

[Date]

[Specialist Name]

[Specialist Department/Clinic]

[Address]

[City, State, Zip Code]

RE: CT Scan Results for [Patient Name]

DOB: [Date of Birth]

Date of Imaging: [Date of Scan]

Dear Dr. [Specialist Last Name],

I am writing to formally refer the results of a recent CT scan performed on the above-named patient for your specialized review and clinical correlation.

Type of Scan: [e.g., CT Abdomen/Pelvis with Contrast]

Reason for Referral: [e.g., Follow-up on specific symptoms or previous findings]

Key Findings from Radiology Report:

[Insert brief summary of findings or attach full report]

The patient has been instructed to contact your office to schedule a follow-up appointment to discuss these results and the next steps in their treatment plan. We have included the full radiology report and digital imaging files with this correspondence.

Please feel free to contact my office at [Phone Number] if you require any additional information or clinical history.

Sincerely,

[Referring Physician Signature]

[Referring Physician Name]

[Clinic/Facility Name]