

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

[Date]

To: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

We are writing to provide you with the results of your recent post-surgical CT scan performed on [Date of Scan] following your [Type of Surgery] procedure.

Result Summary:

[Insert Brief Summary: e.g., Normal post-operative findings / No signs of complication / Expected healing progress]

Detailed Findings:

[Insert Detailed Description of Results]

Next Steps:

Based on these results, [Dr. Name] recommends the following:

[Instructions: e.g., Continue current recovery plan / Schedule a follow-up appointment / Further testing required]

If you have any questions regarding these results or if you are experiencing any new symptoms such as fever, increased pain, or redness at the surgical site, please contact our office at [Phone Number].

Sincerely,

[Doctor Signature/Name]
[Title]
[Clinic/Hospital Name]