URGENT MEDICAL NOTIFICATION

[Date]

[Patient Full Name]
[Patient Address]
[City, State, Zip Code]

RE: Urgent Ultrasound Results

Dear [Patient Name],

This letter is to inform you that we have received the results of your diagnostic ultrasound performed on [Date of Procedure].

The findings of this scan require urgent clinical follow-up and discussion with your healthcare provider. Please contact our office immediately at [Phone Number] to schedule an appointment. If you are calling outside of business hours, please follow the prompts for the physician on call or seek immediate medical attention if you are experiencing worsening symptoms.

Due to the nature of these findings, we recommend that you be seen within the next [Number of Hours/Days].

If you have already scheduled a follow-up appointment regarding these results, please call us to ensure the timing is appropriate given the urgency of this report.

Sincerely,

[Doctor's Name/Provider Name]
[Practice/Clinic Name]
[Contact Information]