[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent breast ultrasound performed on [Date of Exam].

Result Summary: [Normal / Benign / Follow-up Required]

Findings:
[Insert detailed description of findings or BI-RADS category here.]

Recommendations:
Based on these results, the following action is recommended:
[ ] No further action needed; return for routine screening in [Timeframe].
[ ] A follow-up ultrasound is recommended in [Number] months.
[ ] Further evaluation is needed. Please schedule a [Mammogram / Biopsy / Specialist Consultation].

A copy of this report has been sent to your primary healthcare provider, [Provider Name]. We encourage you to discuss these results with them during your next visit.

If you have any questions or would like to schedule a follow-up appointment, please contact our office at [Phone Number].

Sincerely,

[Doctor/Radiologist Name]
[Facility Name]