

[Hospital or Clinic Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Appointment for Follow-up Imaging Scan

Dear [Patient Name],

We are writing to follow up on your recent [Type of Scan, e.g., MRI/CT/X-ray] performed on [Date of Original Scan].

The results of your initial scan were inconclusive. This does not necessarily mean there is a cause for concern; rather, the images captured did not provide enough clear information for the radiologist to make a final assessment. This can happen for several reasons, such as image blurring, the position of the body, or the need for a different type of imaging contrast.

To ensure we have the most accurate information regarding your health, we have scheduled a secondary appointment for you:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Department/Building Name]

Please follow these instructions before your appointment:
[Insert specific instructions, e.g., Fast for 6 hours / Drink plenty of water / Arrive 15 minutes early]

If you are unable to attend this appointment, please contact us as soon as possible at [Phone Number] to reschedule.

Thank you for your cooperation.

Sincerely,

[Doctor or Department Head Name]
[Title]
[Hospital or Clinic Name]