

[Doctor Name/Practice Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

We are writing to follow up regarding your recent radiology examination ([Type of Exam, e.g., X-ray, MRI, CT Scan]) performed on [Date of Exam] at [Facility Name].

Your results have been reviewed by [Doctor Name]. Based on the findings, the following action is required:

[Select one option below]:

- **Normal:** Your results are within normal limits. No further action is required at this time.
- **Follow-up Appointment Needed:** We would like to discuss the results with you in person. Please call our office at [Phone Number] to schedule an appointment.
- **Additional Testing Required:** The radiologist has recommended further imaging or lab work to clarify the findings. Our office will contact you to coordinate these tests.

If you have any questions before your next visit or if you have not heard from us regarding a referral, please contact our office during regular business hours.

Sincerely,

[Doctor Signature/Name]
[Title]