

[Hospital or Clinic Letterhead]

Date: [Current Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [DOB]

Dear [Patient Name],

This letter is to inform you of the results from your recent colonoscopy performed on [Date of Procedure].

During the procedure, [Number] polyp(s) were removed. These polyps were sent to the laboratory for pathology testing. The results show that the polyps were [Type of Polyps, e.g., benign adenomas].

Based on these findings and current medical guidelines, it is recommended that you have a repeat colonoscopy in:

**[Number of Years, e.g., 3, 5, or 10] years.**

Your next procedure should be scheduled for approximately [Month/Year]. Our office will contact you closer to that date, but please keep a record of this recommendation for your own files.

If you develop any new symptoms such as rectal bleeding, persistent abdominal pain, or a significant change in bowel habits before your next scheduled exam, please contact your physician immediately.

Sincerely,

[Doctor's Name]

[Department Name]

[Phone Number]