Date: [Current Date]

Patient Name: [Patient Name]
Date of Birth: [Date of Birth]
Patient ID: [ID Number]

Subject: Follow-up Diagnostic Imaging Required

Dear [Patient Name],

We are writing to discuss the results of your recent blood tests (hematology panel) performed on [Date of Lab Work].

The results showed some findings that require further investigation. To better understand these results, we need you to undergo the following diagnostic imaging procedure:

Ordered Test: [Type of Imaging, e.g., CT Scan, Ultrasound, X-Ray]
Reason for Test: Evaluation of [Specific Concern, e.g., enlarged lymph nodes, spleen size]

Next Steps:

- **Scheduling:** Please contact [Imaging Department/Facility Name] at [Phone Number] to schedule your appointment.
- **Preparation:** [Insert specific instructions, e.g., fast for 4 hours prior]
- **Follow-up:** Once the scan is complete, we will review the images and contact you with the results within [Number] business days.

If you have any questions or concerns regarding this request, please contact our office at [Office Phone Number].

Sincerely,

[Provider Name]
[Clinic/Practice Name]