[Date]

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

Dear [Patient Name],

Following your recent consultation with [Specialist Name] on [Date], I have reviewed the diagnostic report and findings regarding [Condition/Reason for Referral].

Diagnostic Summary:
[Insert summary of test results, specialist findings, and confirmed diagnosis].

Action Plan:

- **Medication:** [New prescriptions or changes to existing dosage].
- **Follow-up Testing:** [List any required labs, imaging, or monitoring].
- **Referrals:** [Mention if further consultation with other specialists is needed].
- **Lifestyle Adjustments:** [Dietary, physical, or activity recommendations].

Next Steps:
Please schedule a follow-up appointment with our office on or before [Date] to review your progress. If you experience [Specific Warning Symptoms], please contact us immediately or seek urgent care.

If you have any questions regarding this plan, please contact our office at [Phone Number].

Sincerely,

[Doctor Name]
[Clinic/Practice Name]