

[Your Name / Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Specialist Name]  
[Specialist Department/Clinic]  
[Address]  
[City, State, Zip Code]

**RE: Referral and Radiology Results Follow-Up**

Patient Name: [Patient Full Name]  
Date of Birth: [DOB]  
Scan Type: [e.g., MRI / CT / Ultrasound]  
Date of Scan: [Date]

Dear Dr. [Specialist Last Name],

I am writing to follow up on the referral for the above-mentioned patient, who was sent to your clinic for consultation regarding [Reason for Referral/Condition].

The requested radiology imaging has now been completed. I have enclosed a copy of the formal radiologist report and the digital images for your review.

Key findings from the report include:  
[Insert brief summary of results or leave blank for specialist review].

We would appreciate your specialist clinical correlation of these findings and your recommendations for the ongoing management or treatment plan for this patient. Please provide a copy of your consultation notes and any further instructions to our office at your earliest convenience.

Thank you for your assistance in this patient's care.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Medical Title]

Enclosures: Radiology Report, Imaging Disc/Link