

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent mammogram performed on [Date of Scan] at [Facility Name].

Result Summary: [Normal / Inconclusive / Requires Follow-up]

Findings:

[Insert brief description of findings or BI-RADS category].

Next Steps:

[Option 1: No further action is needed at this time. We recommend scheduling your next routine screening in one year.]

[Option 2: To further evaluate the findings, we would like to schedule a follow-up [diagnostic mammogram / ultrasound]. Please contact our office at [Phone Number] to arrange this appointment.]

A full copy of your radiology report has been sent to your primary care physician, [Doctor's Name]. We encourage you to discuss these results with them during your next visit.

If you have any questions regarding this letter, please call us at [Phone Number].

Sincerely,

[Physician/Radiologist Name]

[Department/Clinic Name]