

[Date]

To the Parents/Guardians of [Child's Full Name],  
[Address]  
[City, State, Zip Code]

**RE: Imaging Results Follow-Up**

Dear [Parent/Guardian Last Name],

We are writing to provide you with the results of the [Type of Scan, e.g., X-ray, MRI, Ultrasound] performed on [Date of Scan] at [Facility Name].

**Result Summary:**

[Insert brief summary of findings or "The results were within normal limits for a child of this age."]

**Next Steps:**

- [Option 1: No further action is required at this time.]
- [Option 2: We would like to schedule a follow-up appointment to discuss these results in detail.]
- [Option 3: A referral has been sent to [Specialist Name] for further evaluation.]

If you have any immediate questions regarding these findings, please contact our office at [Phone Number] between the hours of [Office Hours]. You may also view the full radiology report through the patient portal at [Link/Instructions].

Thank you for choosing [Practice Name] for your child's healthcare needs.

Sincerely,

[Provider Name/Signature]  
[Title/Department]  
[Practice Name]