

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Review of Diagnostic Imaging Results

Dear [Patient Name],

We are writing to inform you that [Doctor Name] has reviewed the results of your recent [Type of Imaging, e.g., X-ray, MRI, CT scan] performed on [Date of Service] at [Facility Name].

Result Summary:

[Insert brief summary of results, e.g., The results were normal / The results showed some findings that require follow-up].

Next Steps:

Based on these results, the following action is recommended:

No further action is needed at this time.

Please schedule a follow-up appointment to discuss these results in detail.

A referral has been sent to [Specialist Name/Type].

Additional testing has been ordered: [Test Name].

If you have questions regarding these results or would like to schedule your follow-up visit, please call our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Doctor/Provider Name]

[Practice Name]