

[Doctor Name]
[Clinic/Hospital Name]
[Address]
[Phone Number]

[Date]

To: [Patient Name]
[Patient Address]

Subject: Comparison Results of Your Recent Bone Density (DEXA) Scan

Dear [Patient Name],

We have reviewed the results of your recent bone density (DEXA) scan performed on [Date] and compared them to your previous scan from [Date of Previous Scan].

Comparison Summary:

The comparison shows that your bone density has [increased / stayed stable / decreased] since your last scan. Your current T-score is [Insert Score].

Treatment Status:

Based on these results, the effectiveness of your current treatment ([Name of Medication/Supplement]) is as follows:

- [Option 1: Continue current treatment as planned.]
- [Option 2: Adjustments to your treatment plan are recommended.]
- [Option 3: Further testing or a change in medication is required.]

Recommendations:

In addition to your prescribed treatment, please continue to focus on:

- Adequate Calcium and Vitamin D intake.
- Regular weight-bearing and resistance exercises.
- Fall prevention strategies at home.

Next Steps:

Please schedule a follow-up appointment by calling [Phone Number] to discuss these results in more detail. We recommend your next bone density scan in [Number] years.

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]