

[Hospital or Clinic Name]
[Department of Radiology]
[Address]
[Phone Number]

Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear [Patient Name],

This letter is a follow-up regarding your recent radiology imaging performed on [Date of Imaging] for pre-operative clearance. Your upcoming surgery is currently scheduled for [Date of Surgery].

Status of Results:

- Your imaging results are complete and have been forwarded to your surgeon's office.
- Additional views or tests are required before clearance can be finalized.
- Your results require a follow-up consultation with [Physician Name].

Next Steps and Instructions:

[Insert specific instructions here, e.g., "Please fast for 8 hours before your next appointment" or "Contact your surgeon to discuss these findings."]

Important Reminders:

- Bring a copy of your imaging reports or the digital disc to your pre-surgical physical if requested.
- If you develop a cough, fever, or any new symptoms before your surgery, please notify our office immediately.
- Ensure you have followed all medication instructions provided by the imaging staff.

If you have any questions regarding your imaging or these instructions, please contact the Radiology Department at [Phone Number] between the hours of [Hours of Operation].

Sincerely,

[Name of Radiology Coordinator/Physician]
[Title]
[Department Name]