

[Your Clinic/Practice Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Referring Physician's Name]
[Referring Physician's Practice Name]
[Referring Physician's Address]
[City, State, Zip Code]
Dear Dr. [Referring Physician's Last Name],
Subject: Ultrasound Report for [Patient's Name, DOB]
We have completed the ultrasound examination for [Patient's Name] on
[Date of Examination]. Below are the findings from the ultrasound:
Indication for Exam:
[Reason for ultrasound, e.g., abdominal pain, follow-up on cyst, etc.]
Technique:
[Description of the ultrasound technique used]
Findings:
1. **[Organ/Area Examined]**: [Describe findings, e.g., size, nature of
any lesions, etc.]
2. **[Other Relevant Structures]**: [Include any other pertinent
findings]
3. **[Additional Observations]**: [Any other relevant comments]
Impression:
[Summarize key findings and any recommendations for further action or
follow-up]
Please feel free to reach out if you have any further questions or
require additional information regarding this case.
Thank you for your continued collaboration in the care of our patients.
Sincerely,
[Your Name]
[Your Credentials]
[Your Title]
[Your Clinic/Practice Name]