

# Scoliosis Screening Follow-Up

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this letter finds you in good health. Following your recent scoliosis screening conducted on [Insert Date of Screening], we would like to provide you with the results and discuss the next steps.

Your screening results indicate that further evaluation may be necessary. We recommend that you schedule an appointment with our orthopedic specialist, Dr. [Orthopedic Specialist's Name], to discuss your condition in detail and outline a potential treatment plan.

Please contact our office at [Insert Office Phone Number] or visit our website at [Insert Website URL] to arrange your appointment. Our staff is more than happy to assist you with this process.

If you have any questions or concerns prior to your appointment, please do not hesitate to reach out.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Orthopedic Clinic Name]

[Contact Information]