

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 well. Following your recent scoliosis screening, we would like to discuss the results and the recommended follow-up care. Our goal is to provide you with the best management options tailored to your needs.

Your screening results indicate [briefly describe findings, e.g., "a curvature greater than 10 degrees"]. Based on these findings, we recommend the following:

- Schedule a follow-up appointment for a comprehensive evaluation.
- Consider starting a physical therapy program to address posture and strength.
- Monitor your condition periodically with follow-up screenings.

Please feel free to contact our office at [Phone Number] to schedule your appointment or if you have any questions regarding your care.

Thank you for trusting us with your health. We look forward to assisting you in your treatment journey.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]