

Bone Density Test Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Referring Physician: [Insert Physician Name]

Test Overview

The following are the results from your recent bone density test conducted on [Insert Test Date].

Summary of Findings

Your results indicate the following:

- BMD (Bone Mineral Density): [Insert BMD Value] g/cm²
- T-score: [Insert T-score Value]
- Z-score: [Insert Z-score Value]

Interpretation

- A T-score of -1.0 and above is considered normal.
- A T-score between -1.0 and -2.5 indicates low bone mass.
- A T-score of -2.5 and below indicates osteoporosis.

Recommendations

Based on the findings, we recommend the following:

- [Insert Recommended Action 1]
- [Insert Recommended Action 2]
- [Insert Recommended Action 3]

Next Steps

Please schedule a follow-up appointment to discuss your results and any necessary treatment options.

Sincerely,
[Insert Physician Name]
[Insert Clinic or Hospital Name]
[Insert Contact Information]