

Medical Diagnosis Clarification

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to provide clarification regarding your recent medical diagnosis. After reviewing your test results and discussing them with our medical team, we want to ensure you have a clear understanding of your condition and the recommended follow-up appointments.

Diagnosis Summary:

[Insert brief summary of diagnosis]

Recommended Follow-Up Appointments:

- [Insert Date/Time] - [Type of Appointment/Procedure]
- [Insert Date/Time] - [Type of Appointment/Procedure]

If you have any questions or need further clarification, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this important matter. We look forward to seeing you at your next appointment.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Healthcare Facility Name]