

# Medical Evaluation Results Disclosure

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you about the results of your recent medical evaluation conducted on [Insert Evaluation Date].

## Evaluation Summary:

[Insert brief summary of the evaluation findings]

## Recommendations:

[Insert any recommendations or next steps]

## Follow-up Appointment:

Please schedule a follow-up appointment to discuss these results in detail and to address any questions you may have.

If you have any immediate concerns, feel free to contact our office at [Insert Contact Number].

Thank you for choosing [Your Practice Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Practice Contact Information]