Patient Name:

`r first\_name`

`r last\_name`

Date of Birth:

`r dob`

February 22, 2022

**`r first\_name\_physician`**

`r last\_name\_physician`

**,**

`r credentials`

`r street\_address\_physician`

**`r city\_physician`**

**,**

`r state\_physician`

**`r zip\_physician`**

RE: **Incidental Brain MRI Finding**

Dear Dr.

`r last\_name\_physician`

**,**

As part of your patient’s involvement with the Vanderbilt Memory and Aging Project, he/she underwent a Brain MRI examination on MM/DD/YYYY. Upon examination, I report *[insert incidental findings here].* I recommend *[insert clinician’s recommendation(s) here]*.

Sincerely,

  
L.Taylor Davis, MD