



TRAUMA/GENERAL SURGERY  
96 Jonathan Lucas Street  
MSC 613/ CSB 420  
Charleston, SC 29425-6130

Office 843 792 3780  
[www.musc.edu](http://www.musc.edu)

Current Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_  
Medical Record Number: \_\_\_\_\_

Dear: \_\_\_\_\_,

During your hospitalization on the Trauma/General Surgery Service at the Medical University of South Carolina, we found an abnormality on your diagnostic testing.

The abnormality is:

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To further evaluate the above finding, you should follow up with:

\_\_\_\_\_ at \_\_\_\_\_ phone  
number: \_\_\_\_\_  
Primary Care or Family Physician

Within \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months.

If applicable, a copy of your diagnostic test report is attached.

Sincerely,

\_\_\_\_\_  
Trauma Services, Medical University of South Carolina  
traumaincidentalletter