[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

We have received the results of your recent blood work performed on [Date of Original Test].

After reviewing the findings, [Provider Name] would like you to undergo additional follow-up testing. Please note that follow-up tests are often necessary to clarify specific results or to monitor a particular level more closely.

**Required Action:**

- **Test(s) Needed:** [Name of Follow-up Test]
- **Instructions:** [e.g., Fasting required for 12 hours / No preparation needed]
- **Timeline:** Please complete this testing by [Date].

You may complete this blood work at [Lab Name/Location]. If you need a new lab requisition form, please contact our office.

Once the new results are available, our office will contact you to discuss the next steps. If you have any questions, please call us at [Phone Number] between [Office Hours].

Sincerely,

[Provider Name/Signature]
[Practice Name]