[Doctor Name]
[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Lab Work: [Date]

Dear [Patient Name],

We have reviewed the results of your recent blood work. The tests show that your [Specific Lab Value, e.g., Potassium/TSH/Creatinine] levels are [outside of the normal range/higher than expected/lower than expected].

Based on these findings, we are adjusting your medication as follows:

- **Current Medication:** [Name of Medication] - [Old Dosage]
- **New Instruction:** [Increase/Decrease/Discontinue]
- **New Dosage:** [New Dosage Amount and Frequency]
- **Effective Date:** [Start Date]

Please begin this new dosing schedule immediately. A new prescription has been sent to your pharmacy: [Pharmacy Name].

It is important that we repeat your blood work in [Number] weeks to monitor how your body is responding to this change. Please call our office to schedule your follow-up lab appointment.

If you experience any new symptoms or have questions regarding this adjustment, please contact us at [Phone Number].

Sincerely,

[Doctor Signature/Name]
[Clinic Name]