

URGENT: MEDICAL RECORD UPDATE

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient Name],

We are contacting you regarding the results of your recent thyroid function blood tests performed on [Insert Date of Test].

Your results indicate a significant abnormality that requires immediate medical attention and a review of your current treatment plan. Specifically, your levels show [Insert Specific Finding, e.g., severe hyperthyroidism / severe hypothyroidism].

Action Required:

- Please contact our office immediately at [Insert Phone Number] to schedule an urgent follow-up appointment.
- If you are currently taking thyroid medication, [Insert Instruction: e.g., continue current dose / stop taking medication] until you speak with your physician.
- If you experience severe symptoms such as rapid heartbeat, extreme tremors, or mental confusion before we speak, please seek emergency medical care.

Our office hours are [Insert Hours]. If you are calling outside of these hours, please follow the prompts for the on-call physician or visit the nearest urgent care center.

Sincerely,

[Doctor Name/Signature]

[Clinic/Department Name]

[Contact Information]