

[Date]

To the Parents/Guardians of [Child's Full Name],  
Date of Birth: [Child's DOB]

Dear [Parent/Guardian Name],

We are writing to provide you with the results of the thyroid function blood tests performed on [Date of Test].

**Test Results:**

- TSH (Thyroid Stimulating Hormone): [Result Value] (Normal Range: [Range])
- Free T4 (Thyroxine): [Result Value] (Normal Range: [Range])
- [Other Test Name, e.g., T3]: [Result Value] (Normal Range: [Range])

**Clinical Assessment:**

[Insert Doctor's Interpretation: e.g., Your child's results are within the normal range / Your child's results indicate an overactive/underactive thyroid.]

**Plan of Care:**

[Insert Next Steps: e.g., No further action is needed / A follow-up appointment is required / A prescription has been sent to your pharmacy.]

If you have any questions regarding these results or noticed any changes in your child's growth, energy levels, or mood, please call our office at [Phone Number].

Sincerely,

[Doctor's Name/Signature]  
[Clinic/Practice Name]