

[Clinic or Hospital Name]  
[Department Name]  
[Address]  
[Phone Number]

[Date]

Patient Name: [Patient Full Name]  
Date of Birth: [DOB]  
Date of Test: [Date of Blood Draw]

Dear [Patient Last Name],

We are writing to provide you with the results of your recent postpartum thyroid function test. It is common to monitor thyroid levels following pregnancy to ensure your hormone levels have returned to a healthy range.

**Your Results:**

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

**Clinical Interpretation:**

[Select one option below]

Your results are within the **normal range**. No further action or medication changes are required at this time. We will continue to monitor you at your next scheduled appointment.

Your results are **outside the normal range**. This may indicate postpartum thyroiditis, hypothyroidism, or hyperthyroidism. Based on these results, the following plan has been established:

- Start/Adjust medication: [Medication Name and Dosage]
- Repeat blood test in [Number] weeks.
- Schedule a follow-up consultation with [Provider Name].

If you experience symptoms such as extreme fatigue, rapid heartbeat, unexpected weight changes, or mood swings, please contact our office sooner.

If you have any questions regarding these results, please call us at [Phone Number].

Sincerely,

[Provider Name/Signature]  
[Title]