

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We have received the results of your recent thyroid function blood tests performed on [Date].

Your Recent Lab Results:

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

Clinical Assessment:

Based on these results, your thyroid levels are currently [higher than / lower than / within] the target range.

Medication Adjustment:

To optimize your thyroid function, we are adjusting your dose of [Medication Name, e.g., Levothyroxine].

- **Current Dose:** [Current Dosage, e.g., 50mcg] daily.
- **New Dose:** [New Dosage, e.g., 75mcg] daily.
- **Effective Date:** Please start this new dose on [Date].

Next Steps:

Please continue to take your medication on an empty stomach, at least 30 to 60 minutes before breakfast. You will need a follow-up blood test in [Number, e.g., 6 to 8] weeks to monitor the effect of this adjustment.

If you experience any new symptoms such as heart palpitations, excessive nervousness, or extreme fatigue, please contact our office immediately.

Sincerely,

[Doctor Name]

[Clinic/Practice Name]

[Phone Number]