

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Collection: [Collection Date]

Dear [Patient Name],

We are writing to provide you with the results of your comprehensive thyroid panel. Below is a summary of your lab values compared to the standard reference ranges:

Test Name	Your Result	Reference Range	Status
TSH (Thyroid Stimulating Hormone)	[Result]	[Range]	[Normal/High/Low]
Free T4 (Thyroxine)	[Result]	[Range]	[Normal/High/Low]
Free T3 (Triiodothyronine)	[Result]	[Range]	[Normal/High/Low]
TPO Antibodies (Thyroid Peroxidase)	[Result]	[Range]	[Normal/High/Low]
Reverse T3	[Result]	[Range]	[Normal/High/Low]

**Provider Assessment:**

[Insert clinical interpretation here: e.g., your thyroid function is within normal limits / your results indicate hypothyroidism / your results indicate hyperthyroidism.]

**Next Steps:**

- [Option 1: No further action is required at this time.]
- [Option 2: Please continue your current medication as prescribed.]
- [Option 3: We would like to adjust your dosage. Please contact our office.]
- [Option 4: Please schedule a follow-up appointment to discuss these results.]

If you have any questions or are experiencing symptoms such as fatigue, weight changes, or temperature sensitivity, please contact us at [Phone Number].

Sincerely,

[Doctor/Provider Name]

[Practice Name]