Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

We are writing to provide you with the results of your recent blood tests conducted on [Date of Test].

Your results indicate that your levels for **[Name of Vitamin, e.g., Vitamin D or B12]** are currently in the **borderline** range. This means your levels are not critically low, but they are at the lower end of the normal spectrum and may require attention to prevent a full deficiency.

Your Result: [Patient Value] [Units]
Reference Range: [Reference Range]

To improve these levels, we recommend the following steps:

- **Dietary Adjustments:** Increase your intake of foods rich in [Vitamin Name], such as [List of Foods].
- **Supplementation:** We suggest taking an over-the-counter supplement of [Dosage, e.g., 1000 IU] daily.
- **Lifestyle:** [Optional: e.g., Increase safe sun exposure].

Please continue with these recommendations for [Time Period, e.g., three months], after which we will schedule a follow-up blood test to monitor your progress.

If you experience symptoms such as unusual fatigue, muscle weakness, or tingling in your extremities, please contact our office to schedule an appointment.

Sincerely,

[Doctor Name/Provider Name]
[Clinic Name]
[Phone Number]