Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert Patient ID]

Dear [Insert Patient Name],

We are writing to inform you of the results of your recent blood tests conducted on [Insert Date].

Your laboratory results indicate a **severe Vitamin B12 deficiency**. Your level was recorded at [Insert Value] pg/mL, which is significantly below the normal reference range.

Vitamin B12 is essential for red blood cell formation, neurological function, and DNA synthesis. A severe deficiency can lead to symptoms such as extreme fatigue, weakness, numbness or tingling in the hands and feet, memory difficulties, and anemia.

Action Required:

- Please contact our office at [Insert Phone Number] as soon as possible to schedule a follow-up appointment.
- Do not start any over-the-counter supplements until you have spoken with your healthcare provider, as severe deficiencies often require prescription-strength injections or specific loading doses.
- We may need to conduct further testing to determine the underlying cause of this deficiency (such as malabsorption or dietary factors).

If you experience sudden shortness of breath, severe dizziness, or significant confusion before your appointment, please seek medical attention immediately.

Sincerely,

[Insert Doctor/Provider Name]
[Insert Practice/Clinic Name]
[Insert Contact Information]