Date: [Date]

Patient Name: [Patient Full Name]

Patient ID: [ID Number]

Dear [Patient Name],

We are writing to provide you with the results of your recent Comprehensive Vitamin Panel conducted on [Date of Test].

The results of your panel indicate deficiencies in the following areas:

- **Vitamin D:** [Result] (Reference Range: [Range]) - Status: [Deficient/Low]
- **Vitamin B12:** [Result] (Reference Range: [Range]) - Status: [Deficient/Low]
- **Folate:** [Result] (Reference Range: [Range]) - Status: [Deficient/Low]
- **[Other Vitamin]:** [Result] (Reference Range: [Range]) - Status: [Deficient/Low]

All other vitamin levels tested were within the normal reference ranges.

Recommendations:

Based on these findings, we recommend the following plan of action:

1. **Supplementation:** Start taking [Supplement Name] at a dosage of [Dosage] daily.
2. **Dietary Adjustments:** Increase intake of [Specific Foods].
3. **Follow-up:** Please schedule a follow-up blood test in [Number] months to monitor your levels.

If you experience symptoms such as persistent fatigue, weakness, or numbness, please contact our office immediately. You can view your full lab report via the patient portal or by requesting a printed copy.

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

Sincerely,

[Doctor Name/Provider Name]
[Practice/Clinic Name]