[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Routine Annual Vitamin Deficiency Test Results

Dear [Patient Name],

We are writing to provide you with the results of your recent routine annual vitamin deficiency screening performed on [Date of Test].

Test Summary:

- **Vitamin D:** [Result] (Reference Range: [Range])
- **Vitamin B12:** [Result] (Reference Range: [Range])
- **Folate:** [Result] (Reference Range: [Range])
- **Iron/Ferritin:** [Result] (Reference Range: [Range])

Provider Comments:
[Insert clinical notes here, e.g., Your levels are within normal limits / A daily supplement is recommended for Vitamin D / Please schedule a follow-up to discuss these results.]

If your results indicate a deficiency, we have included a recommended supplementation plan or a prescription has been sent to your preferred pharmacy: [Pharmacy Name].

If you have any questions regarding these results or would like to discuss lifestyle and dietary changes, please contact our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Provider Name]
[Practice Name]