[Practice Name]
[Practice Address]
[Phone Number]
[Date]

To the Parent/Guardian of [Patient Name],

We are writing to provide you with the results of the blood work performed on [Date of Test].

The results indicate that [Patient Name] has a deficiency in the following area(s):

- **[Name of Vitamin/Mineral]:** [Patient Value] (Normal Range: [Normal Range])
- **[Name of Vitamin/Mineral]:** [Patient Value] (Normal Range: [Normal Range])

Based on these findings, we recommend the following treatment plan:

- **Supplementation:** [Specific Vitamin/Dosage] once daily.
- **Dietary Adjustments:** Increase intake of [List recommended foods].
- **Follow-up:** Repeat blood work in [Number] months to monitor levels.

Vitamin deficiencies are common in children and are typically easy to manage with consistent supplementation and dietary changes. Please begin the recommended dosage as soon as possible.

If you have any questions regarding these results or the recommended supplements, please call our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Provider Name]
[Title/Department]