Date: [Insert Date]

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

Dear [Insert Patient Name],

We are writing to provide the results of your recent follow-up blood work performed on [Insert Date of Test]. This test was conducted to monitor your [Insert Vitamin Name, e.g., Vitamin D/B12] levels following your course of supplementation.

Test Results:

- **Previous Level:** [Insert Old Level] [Insert Units]
- **Current Level:** [Insert New Level] [Insert Units]
- **Reference Range:** [Insert Lab Reference Range]

Clinical Assessment:

[Insert assessment: e.g., Your levels have returned to the normal range / Your levels have improved but remain below target.]

Next Steps:

[Insert instructions: e.g., Continue current maintenance dose / Discontinue supplement / Adjust dosage to X amount.]

Please contact our office at [Insert Phone Number] if you have any questions regarding these results or your treatment plan.

Sincerely,

[Provider Name]
[Practice Name]