[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent blood tests conducted on [Date of Test]. Your results indicate a deficiency in the following area(s):

- [Name of Vitamin/Mineral, e.g., Vitamin D]
- [Name of Vitamin/Mineral, e.g., Vitamin B12]

To address these deficiencies and improve your overall health, we recommend the following dietary management plan:

1. Dietary Changes:
Increase your intake of foods rich in [Nutrient]. Recommended foods include: [List foods, e.g., leafy greens, fatty fish, fortified cereals].

2. Supplementation:
We recommend taking [Supplement Name] at a dosage of [Dosage, e.g., 1000 IU] per day.

3. Follow-up:
It is important to re-test your levels in [Number] months to ensure your levels are returning to the normal range.

If you have any questions regarding these results or the recommended plan, please contact our office at [Phone Number] to schedule a consultation.

Sincerely,

[Provider Name/Signature]
[Practice Name]