[Date]

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

RE: Vitamin Deficiency Test Results

Dear [Patient Name],

We have received the results of your recent blood work conducted on [Date of Test].

The results indicate a deficiency in the following area(s):

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

Based on these findings, a therapeutic dose is required to restore your levels to a healthy range. Because the necessary dosage exceeds over-the-counter strengths, a prescription has been issued for:

Prescription: [Medication Name/Strength]
Instructions: [Dosage and Frequency]

The prescription has been sent to your preferred pharmacy: [Pharmacy Name]. Please begin this supplement as soon as possible.

We would like to schedule a follow-up blood test in [Number] months to monitor your progress and adjust the dosage if necessary.

If you experience any side effects or have questions regarding these results, please contact our office at [Phone Number].

Sincerely,

[Doctor Name]
[Clinic Name]