

[Clinic/Hospital Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Re: Results for [Medication Name] Blood Test

Dear [Patient Name],

We are writing to provide you with the results of your recent blood test performed on [Date of Test] to monitor the level of [Medication Name] in your system.

Your results show a medication level of **[Result Value]**. This result is within the normal therapeutic range of [Reference Range].

This indicates that your current dosage is appropriate and the medication is at an effective level in your bloodstream. You should continue taking your medication exactly as currently prescribed. Do not make any changes to your dose or schedule unless instructed by your healthcare provider.

We will continue to monitor these levels periodically as part of your ongoing care. Your next scheduled blood test should be completed on or around [Next Date].

If you have any questions or are experiencing any new symptoms, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title/Department]