

URGENT: MEDICATION LEVEL MONITORING RESULTS

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

Dear [Insert Patient Name],

This letter is to inform you of the results from your recent blood test performed on [Insert Date] to monitor the level of [Insert Medication Name] in your system.

Your Results:

- Your Level: [Insert Result]
- Therapeutic Range: [Insert Range]

Findings:

Your laboratory results indicate that the concentration of medication in your blood is currently above the safe therapeutic range. This is considered a **toxic level** and requires immediate adjustment to your treatment plan to prevent serious side effects or complications.

Required Action:

- [Insert specific instruction, e.g., DO NOT take your next dose.]
- [Insert specific instruction, e.g., Reduce your dose to X amount starting tonight.]
- Contact our office immediately at [Insert Phone Number] to speak with a nurse or provider.
- If you are experiencing symptoms such as [Insert Symptoms], go to the nearest Emergency Room immediately.

Follow-Up:

You are required to repeat this blood test on [Insert Date] to ensure your levels have returned to a safe range. A new lab order has been placed at [Insert Lab Location].

Please treat this matter with urgency. We will attempt to contact you by phone as well.

Sincerely,

[Insert Provider Name]

[Insert Clinic/Practice Name]

[Insert Phone Number]