

URGENT: CRITICAL LABORATORY RESULTS

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Patient Name],

This is an urgent notification regarding your recent blood work performed on [Date of Test]. The results indicate that the level of [**Name of Medication**] in your system is currently outside of the safe therapeutic range.

Result Details:

Measured Level: [Insert Result] [Insert Units]

Target Range: [Insert Range] [Insert Units]

REQUIRED ACTION:

Please contact our office immediately at [Phone Number] to discuss your dosage. If you are calling after hours, please ask to speak with the physician on call.

Do not make any changes to your medication dose until you have spoken directly with a member of your healthcare team.

If you are experiencing symptoms such as [List Symptoms, e.g., dizziness, nausea, confusion, or rapid heartbeat], please seek emergency medical attention or call 911 immediately.

Sincerely,

[Provider Name/Signature]

[Clinic/Department Name]

[Contact Phone Number]