

[Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Date]

Patient Name: [Patient Name]  
Date of Birth: [DOB]  
Date of Lab Work: [Date of Test]

Dear [Patient Name],

We have received the results of your recent thyroid panel, which was performed to monitor your medication levels.

**Your Results:**

- TSH: [Result Value] (Reference Range: [Range])
- Free T4: [Result Value] (Reference Range: [Range])
- [Other Test]: [Result Value] (Reference Range: [Range])

**Provider Comments and Instructions:**

Your levels are within the target range. Please continue your current dosage of [Medication Name] [Dosage].

Your levels are outside the target range. Please change your dosage to [New Dosage] starting [Date].

Other: [Specific Instructions]

**Next Steps:**

Please schedule your next follow-up blood test in [Number] months. If you have any new symptoms such as heart palpitations, sudden weight changes, or extreme fatigue before then, please contact our office.

Sincerely,

[Provider Name/Signature]  
[Provider Title]