

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

[Patient Name]
[Patient Address]

Dear [Patient Name],

We are writing to provide you with the results of your recent blood test to monitor your anticonvulsant medication levels.

Lab Details:

- **Medication Monitored:** [Name of Medication, e.g., Phenytoin, Valproic Acid]
- **Date of Lab Work:** [Date]
- **Your Result:** [Result Value] [Units]
- **Reference Range:** [Reference Range] [Units]

Interpretation:

[Insert Provider Note: e.g., Your level is within the therapeutic range / Your level is slightly below or above the target range.]

Instructions:

[Insert Instructions: e.g., Please continue your current dosage as prescribed / Please adjust your dose to [New Dose] starting immediately.]

It is important to continue taking your medication exactly as directed. Do not make any changes to your dose without consulting our office first.

If you experience any new side effects or an increase in seizure activity, please contact us at [Phone Number] or via the patient portal.

Sincerely,

[Provider Name/Signature]
[Provider Title]