

[Doctor Name/Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Immunosuppressant Medication Level Results

Dear [Patient Name],

We are writing to provide you with the results of your recent blood test performed on [Date of Lab Work] to monitor your [Medication Name] levels.

**Test Result:** [Result Value] [Units]

**Target Range:** [Target Range] [Units]

**Based on these results:**

[ ] Your levels are within the target range. Please continue taking your medication at your current dose of [Current Dose].

[ ] Your levels are outside of the target range. Please adjust your dosage to [New Dose] starting [Date/Time].

Monitoring these levels is essential to ensure your medication is effective while minimizing side effects. Your next blood test is scheduled for [Date].

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

Sincerely,

[Doctor/Provider Signature]

[Provider Name and Title]