[Doctor Name/Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

I am writing to provide you with the results of your recent Prostate Specific Antigen (PSA) blood test performed on [Date of Test].

Your PSA level is: **[Result Value] ng/mL**

As we discussed, the primary goal of testing after your [Type of Treatment, e.g., Surgery/Radiation] is to monitor for any signs of recurring prostate activity.

Clinical Interpretation:

[ ] Your result is within the expected range for your post-treatment status. We will continue with your scheduled monitoring plan.
[ ] Your result shows a slight change that requires a follow-up test in [Number] weeks/months.
[ ] I would like to schedule an appointment to discuss these results in more detail.

Please continue to monitor for any new symptoms and do not hesitate to contact our office at [Phone Number] if you have any questions or concerns.

Your next scheduled PSA test should be completed around [Date of Next Test].

Sincerely,

[Doctor Signature/Name]
[Title]