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

[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

We are writing to provide you with the results of your recent Prostate Specific Antigen (PSA) test and an analysis of your PSA Velocity.

Test Results:

- Current PSA Level: [Current Value] ng/mL
- Previous PSA Level: [Previous Value] ng/mL (Date: [Previous Date])
- Calculated PSA Velocity: [Velocity Value] ng/mL per year

What this means:

PSA Velocity measures the rate at which your PSA levels change over time. Monitoring this trend helps us better understand your prostate health compared to a single one-time reading.

Clinical Assessment:

[ ] Your PSA Velocity is within a stable range. We will continue with your regularly scheduled screenings.

[ ] Your PSA Velocity shows an increase that requires further investigation. We would like to schedule a follow-up appointment to discuss these results in more detail.

Next Steps:

[Insert specific instructions here, e.g., schedule an MRI, repeat blood work in 6 months, or no action needed.]

Please call our office at [Phone Number] if you have any questions or to schedule your next appointment.

Sincerely,

[Doctor Signature/Name]
[Clinic Name]