

[Doctor or Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that it is time for your routine blood work to monitor your testosterone replacement therapy (TRT). Regular monitoring is essential to ensure your hormone levels remain within the safe therapeutic range and to check for any potential side effects.

Please complete the following laboratory tests:

- Total and Free Testosterone levels
- Complete Blood Count (CBC / Hematocrit)
- Prostate-Specific Antigen (PSA)
- Comprehensive Metabolic Panel (CMP)

Instructions:

Please have your blood drawn in the morning, as this is when levels are most accurate. If you are using a topical gel, do not apply it on the morning of the test until after your blood is drawn. If you are using injections, the blood draw should ideally occur on the day of your next scheduled injection, but prior to receiving the shot (the "trough" level).

Once your results are available, our office will contact you to review the findings and adjust your dosage if necessary. If you have already completed these labs recently, please disregard this notice.

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

Sincerely,

[Doctor Name / Clinic Name]