

[Your Name]  
[Your Date of Birth]  
[Your Phone Number]  
[Date]

To: [Doctor's Name / Clinic Name]  
[Clinic Address]

**Subject: Request for Testosterone Level Recheck Appointment**

Dear Dr. [Doctor's Last Name],

I am writing to request a follow-up appointment and a lab requisition for a repeat testosterone blood test. My last test was completed on [Date of last test].

I would like to recheck my levels because:

- [Option 1: I am still experiencing symptoms such as fatigue, low libido, or mood changes.]
- [Option 2: I have started/changed my medication/supplement routine.]
- [Option 3: We previously discussed monitoring these levels at regular intervals.]

Please let me know if you can authorize the lab order and what dates you have available for a brief follow-up consultation to discuss the results.

Thank you for your time and assistance.

Sincerely,

[Your Signature]  
[Your Printed Name]