

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Doctor's Name]
[Clinic/Hospital Name]
[Clinic Address]

Re: Evaluation of Symptoms and Testosterone Levels for [Your Full Name]

Dear Dr. [Doctor's Last Name],

I am writing to formally request a clinical evaluation regarding my hormonal health. Over the past [Number] months, I have been experiencing several persistent symptoms that I believe may be related to decreased testosterone levels.

The symptoms I am currently managing include:

- [Symptom 1: e.g., Significant fatigue or low energy]
- [Symptom 2: e.g., Decreased libido or sexual function]
- [Symptom 3: e.g., Changes in mood, irritability, or difficulty concentrating]
- [Symptom 4: e.g., Loss of muscle mass or increased body fat]
- [Symptom 5: e.g., Sleep disturbances]

These issues are significantly impacting my quality of life and daily productivity. I would like to schedule a blood test to measure my Total and Free Testosterone levels, as well as any other markers you deem necessary (such as SHBG, LH, or FSH) to identify the underlying cause.

If my levels are found to be clinically low, I would like to discuss a comprehensive management plan. I am interested in learning about all available options, including lifestyle modifications, nutritional support, and potential Hormone Replacement Therapy (HRT).

Please let me know the next steps for scheduling the lab work and a follow-up consultation to review the results.

Thank you for your time and assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]