

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent annual testosterone screening performed on [Date of Lab Work].

**Your Results:**

- **Total Testosterone Level:** [Result] ng/dL
- **Reference Range:** [Insert Range, e.g., 300 - 1,000 ng/dL]

**Clinical Interpretation:**

[ ] Your levels fall within the normal range for your age group. No further action is required at this time, and we will screen you again at your next annual physical.

[ ] Your levels are outside of the standard reference range. We would like to schedule a follow-up appointment to discuss these results and determine if further testing or treatment is necessary.

Please remember that testosterone levels can be influenced by various factors including the time of day the blood was drawn, sleep patterns, and overall health status.

If you have any questions or would like to schedule a follow-up consultation, please call our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Doctor Name/Provider Name]

[Practice Name]