

[Patient Name]
[Patient Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Physician Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

RE: Post-Treatment Testosterone Evaluation for [Patient Name]

Dear Dr. [Physician Last Name],

I am writing to request a follow-up evaluation and blood work to monitor my testosterone levels following my recent treatment for [Specific Condition/Treatment Name, e.g., Testosterone Replacement Therapy, chemotherapy, or surgery].

The purpose of this evaluation is to assess the effectiveness of the treatment and to ensure my hormone levels are within the target therapeutic range. I would like to request a lab order for the following tests:

- Total Testosterone
- Free Testosterone (if applicable)
- Sex Hormone Binding Globulin (SHBG)
- Prostate-Specific Antigen (PSA)
- Hematocrit/Hemoglobin levels

Please let me know if I should schedule an in-person appointment prior to the blood draw or if you can release the lab orders to [Preferred Laboratory Name].

I look forward to discussing the results and any necessary adjustments to my ongoing care plan.

Sincerely,

[Patient Signature]

[Patient Printed Name]