

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Patient Name],

We are writing to provide you with the results of your recent Comprehensive Thyroid Hormone Panel conducted on [Date of Collection].

Laboratory Results

Test Component	Your Result	Reference Range	Status
TSH (Thyroid Stimulating Hormone)	[Result]	[Range]	[Normal/High/Low]
Free T4 (Thyroxine)	[Result]	[Range]	[Normal/High/Low]
Free T3 (Triiodothyronine)	[Result]	[Range]	[Normal/High/Low]
Reverse T3	[Result]	[Range]	[Normal/High/Low]
TPO Antibodies	[Result]	[Range]	[Normal/High/Low]
Thyroglobulin Antibodies	[Result]	[Range]	[Normal/High/Low]

Clinical Assessment

[Physician's interpretation of the results and how they relate to the patient's symptoms or ongoing treatment.]

Recommended Plan

[Instructions for medication adjustments, further testing, or lifestyle changes.]

Please contact our office at [Phone Number] to schedule a follow-up appointment or if you have any questions regarding these findings.

Sincerely,

[Provider Name]

[Clinic/Practice Name]