

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID]

Dear [Patient Name],

We are writing to provide you with the results of your recent hormone panel blood tests conducted on [Date of Collection]. These tests were performed to evaluate your current hormonal status in relation to perimenopause or menopause.

Your Test Results:

- Estradiol (Estrogen): [Insert Value] pg/mL
- Follicle Stimulating Hormone (FSH): [Insert Value] mIU/mL
- Luteinizing Hormone (LH): [Insert Value] mIU/mL
- Progesterone: [Insert Value] ng/mL
- Thyroid Stimulating Hormone (TSH): [Insert Value] uIU/mL

Clinical Interpretation:

[Insert Clinical Summary - e.g., Results are consistent with post-menopausal ranges / Results suggest perimenopause / Results are within normal pre-menopausal limits].

Provider Comments and Recommendations:

[Insert specific advice regarding Hormone Replacement Therapy (HRT), lifestyle changes, or follow-up appointments].

Hormone levels can fluctuate significantly. These results represent a snapshot in time and should be interpreted alongside your clinical symptoms such as hot flashes, sleep disturbances, or mood changes.

Please contact our office at [Phone Number] to schedule a follow-up consultation to discuss these results in more detail and determine the best course of action for your health.

Sincerely,

[Provider Name]

[Practice Name]

[Contact Information]