

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Testing: [Date of Lab Work]

Dear [Patient Name],

We are writing to provide the results of your recent fertility evaluation hormone panel. Below is a summary of your laboratory values:

- **Anti-Mullerian Hormone (AMH):** [Value] ng/mL
- **Follicle Stimulating Hormone (FSH):** [Value] mIU/mL
- **Estradiol (E2):** [Value] pg/mL
- **Luteinizing Hormone (LH):** [Value] mIU/mL
- **Thyroid Stimulating Hormone (TSH):** [Value] uIU/mL
- **Prolactin:** [Value] ng/mL

Provider Comments:

[Insert clinical interpretation here: e.g., Results are within normal limits / Further testing required.]

These results are one component of your overall fertility assessment. To discuss these findings in detail and determine the next steps in your care plan, please schedule a follow-up consultation by calling our office at [Phone Number] or using the patient portal.

Sincerely,

[Provider Name]
[Title/Clinic Name]