

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

Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

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

Test Results Summary:

- **Cortisol (Morning/AM):** [Result] [Units] (Reference Range: [Range])
- **Cortisol (Evening/PM):** [Result] [Units] (Reference Range: [Range])
- **DHEA-S:** [Result] [Units] (Reference Range: [Range])
- **ACTH:** [Result] [Units] (Reference Range: [Range])

Physician's Interpretation:

[Insert Provider Comments: e.g., Your levels are within the normal range / Your levels indicate a potential imbalance requiring follow-up.]

Next Steps:

[Instructions: e.g., No further action is required at this time / Please schedule a follow-up appointment to discuss these results further / Additional testing has been ordered.]

If you have any questions or wish to discuss these results in more detail, please contact our office at [Phone Number] to schedule an appointment.

Sincerely,

[Provider Name]
[Provider Title]