

[Doctor's Name/Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

RE: Hormone Panel Results and Treatment Update

Dear [Patient Name],

We have reviewed the results of your recent hormone panel conducted on [Date of Blood Draw]. Below is a summary of your findings:

- **[Hormone Name, e.g., TSH]:** [Result Value] (Reference Range: [Range])
- **[Hormone Name, e.g., Free T4]:** [Result Value] (Reference Range: [Range])
- **[Hormone Name, e.g., Testosterone]:** [Result Value] (Reference Range: [Range])

Based on these results, we have determined that an adjustment to your medication is necessary to optimize your hormone levels. Please follow the updated instructions below:

**Current Medication:** [Old Medication Name and Dosage]  
**New Medication/Dosage:** [New Medication Name and Dosage]  
**Effective Date:** [Start Date]

**Instructions:** [e.g., Take one tablet daily in the morning on an empty stomach].

A new prescription has been sent to your pharmacy: [Pharmacy Name].

Please schedule a follow-up lab appointment in [Number of Weeks] weeks to monitor your response to this adjustment. If you experience any new symptoms such as [Specific Symptoms], please contact our office immediately.

Sincerely,

[Doctor's Signature]  
[Doctor's Printed Name]