

[Date]

To the Parents/Guardians of [Patient Name],
Date of Birth: [Patient DOB]

Dear [Parent/Guardian Name],

We are writing to provide you with the results of the Growth Hormone Panel performed on [Date of Test].

Test Results:

- **IGF-1 (Insulin-like Growth Factor 1):** [Result Value] (Reference Range: [Range])
- **IGFBP-3 (IGF Binding Protein-3):** [Result Value] (Reference Range: [Range])
- **Growth Hormone Stimulation Test (if applicable):** [Result/Peak Value]

Clinical Interpretation:

[] The results are within the normal range for your child's age and developmental stage.

[] The results are outside of the expected range and require further discussion.

Next Steps:

[Insert specific instructions here, e.g., schedule a follow-up appointment, referral to pediatric endocrinology, or repeat testing in X months.]

If you have any questions regarding these findings, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Practice/Clinic Name]