URGENT: MEDICAL NOTIFICATION

Date: [Insert Date]

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

Dear [Patient Name],

We are contacting you regarding the results of your recent Liver Function Test (LFT) performed on [Insert Date of Test].

Your laboratory results have shown significant abnormalities that require immediate medical attention and follow-up. It is important that you contact our office or your primary care physician as soon as possible to discuss these findings and determine the next steps in your care.

Action Required:

- Please call our clinic at [Insert Phone Number] immediately during business hours.
- If you are calling after hours, please ask to speak with the physician on call.
- If you experience severe abdominal pain, yellowing of the eyes or skin (jaundice), or mental confusion, please proceed to the nearest Emergency Room immediately.

Please bring a copy of this notification or have your lab results available when you call or visit the clinic.

Sincerely,

[Physician/Provider Name]
[Clinic/Hospital Name]
[Contact Information]