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

[Date]

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

Dear [Patient Name],

Regarding: Results of Liver Function Test (LFT) for [Medication Name] Monitoring

We are writing to inform you of the results of your recent blood test performed on [Date of Test]. These tests were requested to monitor the effects of your medication on your liver function.

Test Result Status: [Normal / Requires Follow-up / Abnormal]

Clinician's Comments:
[Insert specific comments here, e.g., Your results are within the normal range. Please continue your medication as prescribed.]

Next Steps:
[ ] No further action is required at this time.
[ ] Please continue your current dose of [Medication Name].
[ ] Please schedule a repeat blood test in [Number] weeks/months.
[ ] Please book an appointment to discuss these results with your doctor.

Your next routine monitoring blood test is due on or around: [Date].

If you have any new symptoms such as yellowing of the skin or eyes, dark urine, or persistent abdominal pain, please contact the clinic immediately.

Sincerely,

[Doctor/Provider Name]
[Title]