[Date]

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

Dear [Patient Name],

I am writing to provide you with the results of the Liver Function Test (LFT) performed during your annual physical on [Date of Exam].

Test Results Summary:

- **ALT (Alanine Aminotransferase):** [Result] U/L (Normal Range: [Range])
- **AST (Aspartate Aminotransferase):** [Result] U/L (Normal Range: [Range])
- **ALP (Alkaline Phosphatase):** [Result] U/L (Normal Range: [Range])
- **Bilirubin, Total:** [Result] mg/dL (Normal Range: [Range])
- **Albumin:** [Result] g/dL (Normal Range: [Range])

Clinical Interpretation:

[Select one: Your results fall within the normal reference range, indicating healthy liver function. / Some of your values are outside the normal range, which requires further discussion.]

Next Steps:

[Insert instructions, e.g., No further action is needed at this time. / Please schedule a follow-up appointment to discuss these results. / Repeat testing is recommended in 3 months.]

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

Sincerely,

[Doctor Name/Provider Name]
[Practice Name]