

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

[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent blood work and to update your treatment plan. Your Hemoglobin A1c (HbA1c) level was measured at **[Insert Percentage]%** on [Date of Test].

Based on these results, we are making the following adjustments to your medication(s) to better manage your blood sugar levels:

Current Medication Changes:

- **Medication Name:** [Name]
Change: [e.g., Increase/Decrease/Discontinue]
New Dosage: [e.g., 500mg once daily]
- **Medication Name:** [Name]
Change: [e.g., New prescription added]
New Dosage: [e.g., 10mg before breakfast]

Please begin this new regimen starting [Date]. Your new prescription has been sent to [Pharmacy Name].

It is important to continue monitoring your blood glucose at home as previously instructed. Please contact our office immediately if you experience any side effects or signs of low blood sugar (hypoglycemia), such as dizziness, shakiness, or confusion.

We would like to schedule a follow-up appointment in [Number] weeks/months to monitor your progress. Please call us at [Phone Number] to arrange this.

Sincerely,

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