

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

RE: Thyroid Function Test Results and Medication Adjustment

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Test: [Date of Blood Draw]

Dear [Patient Name],

We have reviewed the results of your recent thyroid function blood tests. Your results are as follows:

- **TSH Level:** [Result] (Normal Range: [Range])
- **Free T4 Level:** [Result] (Normal Range: [Range])
- **Free T3 Level:** [Result] (Normal Range: [Range])

Based on these results, your thyroid levels are currently [higher/lower] than the target range. As a result, we are adjusting your thyroid hormone replacement dosage.

Your New Dosage Instructions:

Effective [Date], please change your dose of [Medication Name] to:

[New Dosage Amount, e.g., 75mcg] once daily.

Please stop taking your previous dose of [Old Dosage Amount]. A new prescription has been [sent to your pharmacy/included with this letter].

We would like to repeat your blood tests in [Number] weeks to ensure this new dose is correct for you. Please schedule an appointment for lab work around [Date].

If you experience any new symptoms such as heart palpitations, excessive sweating, or extreme fatigue, please contact our office.

Sincerely,

[Doctor's Name/Signature]
[Medical Practice Name]