

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

[Date]

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

Subject: Hormone Panel Results and Therapy Prescription Adjustment

Dear [Patient Name],

We have received and reviewed the results of your recent hormone panel conducted on [Date of Lab Work].

Based on these findings, we have identified that your current hormone levels are [outside/within] the target range. Specifically, your [Hormone Name] levels were measured at [Result Value], while the optimal range is [Optimal Range].

To better manage your symptoms and optimize your hormone balance, we are adjusting your Hormone Replacement Therapy (HRT) prescription as follows:

- **Current Medication:** [Old Medication/Dosage]
- **New Medication/Dosage:** [New Medication/Dosage]
- **Frequency:** [New Frequency]
- **Effective Date:** [Start Date]

The new prescription has been sent to your pharmacy: [Pharmacy Name]. Please finish your current supply as directed or switch immediately as per the instructions above.

We would like to schedule a follow-up appointment in [Number] weeks to monitor your progress and perform follow-up labs. Please contact our office at [Phone Number] to schedule this visit.

If you experience any new or worsening symptoms, please contact us immediately.

Sincerely,

[Doctor Signature]
[Doctor Printed Name]
[Clinic Name]