

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Subject: Hepatic Function Test Results and Prescription Change

Dear [Patient Name],

We are writing to provide the results of your recent Hepatic Function Panel (liver function test) conducted on [Date].

The laboratory results indicate that your liver enzyme levels are [outside the normal range / elevated]. Based on these findings and to ensure your safety, it is necessary to adjust your current medication regimen.

Prescription Changes:

- **Discontinued Medication:** Please stop taking [Old Medication Name] immediately.
- **New Medication/Instruction:** You have been prescribed [New Medication Name] at [Dosage].
- **Frequency:** Take [Number] times per day [with/without food].

Please discard any remaining doses of the discontinued medication to avoid confusion. The new prescription has been sent to your preferred pharmacy, [Pharmacy Name].

We would like to schedule a follow-up blood test in [Number] weeks to monitor your levels and ensure the new medication is being processed correctly by your body. Please call our office at [Phone Number] to schedule this appointment.

If you experience any symptoms such as yellowing of the skin or eyes, dark urine, or abdominal pain, contact our office or seek medical attention immediately.

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]

[Contact Information]