

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

[Date]

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

RE: Bone Mineral Density (DEXA) Scan Results and Treatment Plan

Dear [Patient Name],

We have reviewed the results of your recent Bone Mineral Density (BMD) test conducted on [Date of Test].

Test Results:

Your T-score has been measured at [Insert T-Score]. This indicates [Normal Bone Density / Osteopenia / Osteoporosis]. Based on these findings and your clinical history, we have determined that an adjustment to your current medication regimen is necessary to better manage your bone health and reduce the risk of fractures.

Prescription Modifications:

- **Discontinued Medication:** Please stop taking [Old Medication Name] effective [Date].
- **New Medication:** You have been prescribed [New Medication Name].
- **Dosage:** [Insert Dosage, e.g., 70mg once weekly].
- **Instructions:** [Insert Instructions, e.g., Take first thing in the morning with a full glass of water 30 minutes before eating].

Additional Recommendations:

In addition to this new medication, please continue with the following:

- Daily supplementation of [Amount] mg of Calcium and [Amount] IU of Vitamin D.
- Engage in weight-bearing exercises as tolerated.
- Follow-up for a repeat BMD scan in [Number] months/years.

A prescription has been sent to your preferred pharmacy, [Pharmacy Name].

If you experience any side effects or have questions regarding these changes, please contact our office at [Phone Number].

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]