[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: Routine Thyroid Function Monitoring

Dear [Patient Name],

Our records indicate that you are due for your routine thyroid function blood test. Regular monitoring is essential to ensure that your thyroid levels remain within the target range and that your current medication dosage is appropriate for your needs.

Please contact the surgery at [Phone Number] or use our online booking system to schedule an appointment for a blood test. This should be completed by [Insert Date].

If you have already had this blood test recently at another facility, please let us know so we can update your medical records.

Thank you for your cooperation in managing your health.

Sincerely,

[Doctor/Practice Manager Name]
[Practice Name]