[Date]

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

Dear [Patient Name],

Our records indicate that you are due for a routine Thyroid Function Test. This blood test is necessary to monitor your thyroid levels and ensure that your current treatment plan remains effective.

Please contact our office at [Phone Number] to schedule an appointment for your blood draw. Alternatively, you may visit the laboratory at your earliest convenience if a standing order has already been placed.

Instructions for your test:

- [Instruction 1: e.g., Do not take your thyroid medication on the morning of the test.]
- [Instruction 2: e.g., Fasting is/is not required.]

If you have recently had this blood work completed 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's Name/Practice Name]
[Practice Phone Number]