[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

To: [Patient Name]
Address: [Patient Address]

Dear [Patient Name],

This letter is to follow up on your recent thyroid function evaluation conducted on [Date].

Your lab results show the following:

- TSH Level: [Value]
- Free T4 Level: [Value]
- [Other Relevant Lab]: [Value]

Clinical Interpretation:
[ ] Your results are within the normal range. No change in treatment is required at this time.
[ ] Your results indicate an overactive thyroid (hyperthyroidism).
[ ] Your results indicate an underactive thyroid (hypothyroidism).
[ ] Your results are stable on your current medication dosage.

Action Plan:
[ ] Continue your current medication as prescribed.
[ ] Change your dosage to: [New Dosage] starting on [Date].
[ ] Please schedule a follow-up appointment in [Number] weeks/months.
[ ] Please complete repeat blood work on [Date].

If you experience new symptoms such as unexplained weight changes, fatigue, or heart palpitations, please contact our office.

Sincerely,

[Provider Name]
[Provider Title]