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

[Date]

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

Subject: Follow-Up Regarding Your Thyroid Medication Management

Dear [Patient Name],

This letter is a follow-up regarding your recent thyroid function tests and your ongoing thyroid hormone replacement therapy.

Based on your lab results from [Date], your thyroid levels (TSH/T4) are currently [within/outside] the target range. As a result, your medication plan has been updated as follows:

- **Current Medication:** [Name of Medication]
- **New Dosage Instructions:** [Specify Dose and Frequency]
- **Effective Date:** [Date]

Please remember to take your medication on an empty stomach, at least 30 to 60 minutes before breakfast, with a full glass of water. Avoid taking calcium or iron supplements within four hours of your thyroid dose, as they can interfere with absorption.

To ensure this dosage is correct for you, please schedule your next lab work for [Timeframe, e.g., 6 weeks].

If you experience symptoms such as rapid heartbeat, excessive sweating, unexplained weight changes, or extreme fatigue, please contact our office immediately.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]