

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

[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent fasting blood panel performed on [Date].

Your lab report indicates that some of your levels are outside of the normal reference range. Specifically, we noted the following abnormal results:

- [Abnormal Result 1, e.g., Glucose: Level]
- [Abnormal Result 2, e.g., LDL Cholesterol: Level]
- [Abnormal Result 3]

While these results require attention, they are best understood in the context of your overall health history. We would like to schedule a follow-up appointment to discuss these findings, evaluate potential causes, and determine the next steps for your care or treatment plan.

Please contact our office at [Phone Number] at your earliest convenience to schedule a follow-up consultation. If you have already scheduled an appointment, please keep this letter for your records to discuss during your visit.

A copy of your full lab report is enclosed for your review.

Sincerely,

[Doctor's Name/Signature]  
[Clinic Name]