[Date]

[Doctor/Clinic Name]
[Address Line 1]
[City, State, Zip Code]

RE: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

This letter is to inform you regarding [Subject of Letter, e.g., your recent test results / upcoming appointment / follow-up care].

[Body Paragraph: Provide specific details here. Insert relevant medical information, instructions, or next steps required from the patient.]

If you have any questions or would like to discuss this further, please contact our office at [Phone Number] during regular business hours.

Sincerely,

[Provider Signature]
[Provider Printed Name]
[Title/Department]