Date: [Date]

RE: Continuity of Care for [Patient Full Name]
DOB: [Patient Date of Birth]

To Whom It May Concern,

This letter is to confirm that [Patient Name] is currently under my care for the management of [Specific Diagnosis, e.g., Hypothyroidism / Hashimoto's Thyroiditis / Graves' Disease].

The patient has been stabilized on the following medication regimen:

- **Medication Name:** [e.g., Levothyroxine]
- **Dosage:** [e.g., 100 mcg]
- **Frequency:** [e.g., Once daily in the morning on an empty stomach]

To ensure therapeutic stability and avoid a relapse of symptoms, it is medically necessary for the patient to continue this medication without interruption. Regular monitoring of TSH, Free T4, and [Other Labs] levels is performed every [Number] months to adjust dosage as required.

Most recent lab results dated [Date] showed: [Insert Key Results].

Please ensure the patient has access to the aforementioned prescriptions and necessary follow-up pathology testing to maintain clinical euthyroidism.

Should you require further clinical information, please do not hesitate to contact my office.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic Name]
[Phone Number]