

Thyroid Function Follow-Up Medication Review

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Phone: [Insert Patient Phone Number]

Dear [Insert Patient's Name],

We are writing to follow up on your recent thyroid function tests and review your current medication regimen.

Test Results:

- TSH: [Insert TSH Result]
- T4: [Insert T4 Result]
- T3: [Insert T3 Result]

Current Medications:

- [Insert Medication Name and Dosage]
- [Insert Medication Name and Dosage]

Recommended Changes:

[Insert any advised changes to medications or dosages based on the review]

Next Steps:

Please schedule an appointment to discuss your treatment plan further. It is important to monitor your thyroid function regularly to ensure optimal health.

If you have any questions or concerns, do not hesitate to contact our office at [Insert Office Phone Number].

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Office Name]