## **Thyroid Function Follow-Up Test Preparation**

Dear [Patient's Name],

We are writing to remind you about your upcoming thyroid function follow-up test scheduled for [Date]. To ensure accurate results, please follow the preparation instructions below:

- **Medication:** Please inform us if you are currently taking any medications that may affect your thyroid levels, including thyroid hormone replacements or antithyroid medications.
- **Fasting:** It is recommended that you fast for at least 8 hours before the test.
- **Timing:** Have the test done in the morning for optimal results.
- **Symptoms:** Note any symptoms you've been experiencing for discussion during your appointment.

If you have any questions or need to reschedule, please contact our office at [Phone Number]. We look forward to seeing you!

Sincerely,

[Your Name] [Your Title] [Your Clinic Name] [Contact Information]