

[Your Name]
[Your Position]
[Your Institution/Practice Name]
[Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Physician's Name]
[Physician's Institution/Practice Name]
[Address]
[City, State, ZIP Code]

Dear [Physician's Name],

Subject: HCG Test Results for [Patient's Name]

I am writing to inform you about the HCG test results for your patient, [Patient's Name], who was tested on [Test Date].

****Patient Information:****

- Patient ID: [ID Number]
- Date of Birth: [DOB]
- Address: [Patient's Address]

****Test Results:****

- HCG Level: [Result Value] mIU/mL
- Test Date: [Test Date]
- Reference Range: [Reference Range]

These results may suggest [brief interpretation of results, e.g., normal pregnancy, potential complications, etc.]. Please evaluate the results in the context of your ongoing clinical assessment of the patient.

Should you require further information or wish to discuss the results, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your collaboration in providing the best care for [Patient's Name].

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Practice Name]
[Your Contact Information]