

**\*\*Doctor's Letter of Diagnosis\*\***

**\*\*Patient Name:\*\* Wei Leong**

**\*\*Date of Birth:\*\* [DD/MM/YYYY]**

**\*\*Date of Consultation:\*\* [DD/MM/YYYY]**

**\*\*Medical Record No.:\*\* [MRN]**

**\*\*To Whom It May Concern,\*\***

This letter serves to confirm the medical diagnosis of **\*\*hyperthyroidism\*\*** for Mr./Ms. Wei Leong, who presented with symptoms including **\*\*weight loss, palpitations, heat intolerance, tremors, and fatigue\*\***. Following a thorough clinical evaluation and diagnostic tests, including **\*\*thyroid function tests (TFTs) and imaging (if applicable)\*\***, the findings are consistent with **\*\*hyperthyroidism\*\***.

The underlying cause has been identified as **\*\*[Graves' disease / toxic nodular goiter / thyroiditis / other, if specified]\*\***. Mr./Ms. Wei Leong has been advised on appropriate treatment options, which may include **\*\*antithyroid medications (e.g., carbimazole or propylthiouracil), beta-blockers for symptom control, radioactive iodine therapy, or surgical intervention if necessary\*\***.

Regular follow-up and monitoring of thyroid function will be essential to ensure optimal management. Should you require further information, please do not hesitate to contact our clinic.

Sincerely,

**\*\*[Doctor's Name]\*\***

**\*\*[Medical License/Registration No.]\*\***

**\*\*[Clinic/Hospital Name]\*\***

**\*\*[Contact Information]\*\***

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**\*Note:** This is a sample letter for demonstration purposes. Ensure all details are verified and adjusted according to actual medical records and local regulations.\*