

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

This letter serves to confirm that [Patient Name] was evaluated at [Clinic/Practice Name] on [Date of Visit].

Based on clinical examination and laboratory testing (Rapid Strep Test/Throat Culture), the patient has been diagnosed with **Streptococcal Pharyngitis (Strep Throat)**.

Treatment Plan:

The patient has been prescribed a course of antibiotics. According to medical guidelines, the patient is considered contagious until they have been on antibiotics for at least 24 hours and are fever-free without the use of fever-reducing medication.

Return to Work/School:

The patient may safely return to school or work on [Insert Date], provided their symptoms have improved.

If you require any further information, please contact our office at [Insert Phone Number].

Sincerely,

[Signature of Healthcare Provider]

[Printed Name of Healthcare Provider]

[Name of Medical Facility]