

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Subject: Confidential Infectious Disease Screening Results

Dear [Patient Name],

We are writing to provide you with the results of your recent infectious disease screening conducted on [Date of Testing].

Test Results:

- [Disease Name 1]: [Result - e.g., Negative/Non-reactive]
- [Disease Name 2]: [Result - e.g., Negative/Non-reactive]
- [Disease Name 3]: [Result - e.g., Positive/Reactive]

Interpretation:

[Insert brief explanation of what these results mean for the patient's health.]

Next Steps:

[Insert instructions, such as: "No further action is required at this time" OR "Please schedule a follow-up appointment to discuss these results further."]

If you have any questions regarding these results, please contact our office at [Phone Number] or through the patient portal.

Sincerely,

[Doctor/Provider Name]

[Clinic/Facility Name]