

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Visit: [Visit Date]

Subject: Normal Test Results and Discharge Instructions

Dear [Patient Name],

We are writing to provide you with the results of the tests performed during your recent visit to our Urgent Care center.

Test Results:

The results of your [Insert Test Names, e.g., Blood Work / X-ray / Flu Test] have returned as **Normal**. This means no significant abnormalities were detected at this time.

Diagnosis:

[Insert Diagnosis, e.g., Viral Syndrome / Muscle Strain]

Home Care Instructions:

[Insert specific instructions, e.g., Rest, fluids, over-the-counter pain relief as directed]

Follow-Up:

Please follow up with your Primary Care Physician (PCP) within [Number] days to discuss these results and ensure your symptoms are improving. If your symptoms persist or worsen, please contact your doctor's office.

When to Seek Emergency Care:

Return to the nearest Emergency Room or call 911 immediately if you experience:

- Difficulty breathing or shortness of breath
- Chest pain or pressure
- Sudden confusion or dizziness
- Severe or uncontrollable pain
- High fever that does not respond to medication

Thank you for choosing our facility for your healthcare needs.

Sincerely,

[Provider Name/Signature]
[Facility Name]
[Phone Number]