URGENT: MEDICAL NOTIFICATION

Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient ID/DOB: [Insert ID or Date of Birth]

Dear [Insert Patient Name],

This letter is to inform you that your recent laboratory test results for [Insert Disease/Infection Name] have returned a **positive** result. This is a critical health notification that requires your immediate attention.

Required Actions:

- Contact our office immediately at [Insert Phone Number] to discuss your results and treatment plan.
- Avoid close contact with others to prevent further transmission.
- Follow the attached isolation guidelines provided by the Department of Health.

Our medical team is prepared to guide you through the necessary next steps, including medication, additional testing, and specialist referrals if required.

Due to the infectious nature of this result, we are required by law to report this finding to the [Insert Local/State] Department of Health. They may contact you to assist with contact tracing and public safety measures.

Please call us as soon as you receive this letter. If it is after business hours and you are experiencing severe symptoms, please go to the nearest emergency room.

Sincerely,

[Insert Provider Name/Signature]
[Insert Clinic/Hospital Name]
[Insert Contact Information]