URGENT: CRITICAL MEDICAL NOTIFICATION

Date: [Insert Date]

To the Parents/Guardians of: [Child's Name]
Date of Birth: [Child's Date of Birth]

Dear [Parent/Guardian Name],

This letter is to inform you that we have received the results of the screening test performed on [Date of Test]. The results indicate a critical finding that requires **immediate medical evaluation**.

Reason for Urgency:
The screening for [Name of Condition/Test] has returned a result that is outside of the normal range. While a screening test is not a final diagnosis, it is vital that your child undergoes further diagnostic testing as soon as possible to ensure their health and safety.

Required Next Steps:

- Contact our office immediately at [Phone Number] to speak with a provider.
- If calling after hours, please ask for the physician on call.
- Schedule the follow-up appointment or specialist referral listed below: [Specialist Name/Clinic].

If your child experiences [List Specific Emergency Symptoms] before you can reach us, please take them to the nearest Pediatric Emergency Department immediately.

Our team is ready to assist you in coordinating the necessary care and answering any questions you may have during this time.

Sincerely,

[Physician Name/Signature]
[Clinic/Hospital Name]
[Contact Information]