

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient Full Name]
[Patient Address]
[City, State, Zip Code]

RE: Laboratory Test Results

Dear [Patient Name],

We are writing to provide you with the results of your recent Infectious Disease Panel conducted on [Date of Testing].

Summary of Results:

- **Test Name:** [e.g., Hepatitis Panel] - **Result:** [Normal/Negative/Positive]
- **Test Name:** [e.g., HIV Screen] - **Result:** [Normal/Negative/Positive]
- **Test Name:** [e.g., Syphilis RPR] - **Result:** [Normal/Negative/Positive]
- **Test Name:** [e.g., Tuberculosis Gold] - **Result:** [Normal/Negative/Positive]

Provider Comments:

[Insert doctor's specific notes or interpretation here.]

Next Steps:

- No further action is required at this time.
- Please schedule a follow-up appointment to discuss these results.
- Please begin the prescribed treatment plan as discussed.
- Repeat testing is required in [Time Frame].

You can view your full lab report via the patient portal or request a printed copy from our office. If you have any questions regarding these findings, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic/Department Name]