

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

[Date]

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

RE: Gastrointestinal Culture Results

Dear [Patient Name],

We are writing to provide you with the results of the stool culture/gastrointestinal panel performed on [Date of Collection].

**Result Status:** [Normal / Positive / Negative]

**Findings:**

[Insert specific findings here, e.g., No growth of pathogenic bacteria / Presence of Salmonella / Positive for Giardia]

**Clinical Interpretation:**

[Insert explanation, e.g., Based on these results, your symptoms do not appear to be caused by a bacterial infection. / These results indicate a bacterial infection that requires treatment.]

**Next Steps:**

- [Prescription sent to pharmacy: Name of medication]
- [Continue clear liquid diet for 24 hours]
- [Follow up in office if symptoms persist for more than X days]
- [No further action needed]

If you experience worsening abdominal pain, high fever, or signs of dehydration, please contact our office immediately or seek urgent medical care.

If you have any questions regarding these results, please call us at [Phone Number].

Sincerely,

[Provider Name/Signature]  
[Title]