URGENT AND CONFIDENTIAL

Date: [Current Date]

To: [Patient Name]
Address: [Patient Address]
Patient ID: [ID Number]

Dear [Patient Name],

We are writing to inform you that your recent screening results for sexually transmitted diseases (STDs) are now available.

It is important that you contact our clinic immediately to discuss these results with a healthcare provider. Please do not delay, as certain conditions require prompt medical treatment to ensure your health and to prevent further transmission.

Action Required:

- Call our office at [Phone Number] between the hours of [Hours of Operation].
- Request to speak with [Provider Name or Department].
- Please have your Patient ID or date of birth ready for verification.

If you have already started treatment or have spoken with us regarding these results, please disregard this notice.

Your privacy is our priority. These results will only be discussed directly with you.

Sincerely,

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