Date: [Insert Date]

To: [Patient Full Name]
Address: [Patient Address]
Date of Birth: [Patient DOB]

Subject: Preliminary Rapid Sexually Transmitted Disease (STD) Screening Results

Dear [Patient Name],

This letter is to inform you of the preliminary results from the rapid screening tests conducted on [Date of Testing].

Preliminary Results:

- HIV Rapid Test: [Non-Reactive / Reactive]
- Syphilis Rapid Test: [Non-Reactive / Reactive]
- Hepatitis C Rapid Test: [Non-Reactive / Reactive]

Important Information Regarding These Results:

Please note that these are **preliminary** findings. Rapid tests are screening tools and may require confirmatory laboratory testing to ensure accuracy.

Next Steps:

- [ ] No further action is required at this time based on these results.
- [ ] Confirmatory blood work has been ordered. Please visit the lab by [Date].
- [ ] Please schedule a follow-up appointment with your provider to discuss these results.

If you have any questions or would like to speak with a healthcare professional regarding these results, please contact our office at [Phone Number].

Sincerely,

[Name of Clinician/Provider]
[Facility Name]
[Phone Number]