Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [Patient Date of Birth]
Patient ID: [Patient ID Number]

Subject: Post-Treatment Clearance and STD Screening Results

Dear [Patient Name],

This letter is to formally confirm the results of your recent follow-up screening for [Insert Name of Infection, e.g., Chlamydia/Gonorrhea] conducted on [Date of Test].

The laboratory results indicate a **NEGATIVE** result for the presence of the infection. This confirms that the treatment provided has been successful and you are currently considered cleared of this specific infection.

Laboratory Test Details:

- **Test Type:** [Insert Test Name, e.g., NAAT/Culture]
- **Collection Date:** [Date]
- **Result:** Negative / Non-Reactive

Important Follow-Up Instructions:

- Continue to practice safe sex methods to prevent future reinfection.
- If you have any new symptoms or concerns, please contact our clinic immediately.
- It is recommended to schedule regular wellness screenings every [6/12] months depending on your activity level.

Please keep a copy of this letter for your personal medical records. If you have any questions regarding these results, you may contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Clinic/Facility Name]
[Contact Information]