Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [Patient DOB]
Medical Record Number: [MRN]

Dear [Patient Name],

We are writing to provide you with the results of the routine prenatal screening tests performed on [Date of Collection]. As part of standard prenatal care, we screen for several infections to ensure the health and safety of both you and your baby.

Test Results:

- **HIV:** [Negative/Non-reactive]
- **Syphilis (RPR/Treponemal):** [Negative/Non-reactive]
- **Hepatitis B (HBsAg):** [Negative/Non-reactive]
- **Chlamydia:** [Negative/Not Detected]
- **Gonorrhea:** [Negative/Not Detected]

Interpretation:

[Option 1: Your results are all within the normal range, and no further action is required at this time.]

[Option 2: Some of your results require a follow-up appointment or a prescription. Please contact our office at your earliest convenience.]

Screening for these conditions is a normal part of pregnancy care. Many of these infections can be treated effectively during pregnancy to prevent transmission to the baby. If you have any questions regarding these results or would like to discuss them in more detail, please bring them to your next prenatal visit or call our office at [Phone Number].

Sincerely,

[Provider Name]
[Clinic/Practice Name]