[Date]

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

Dear [Patient Name],

This letter is to inform you of the results from your recent routine sexually transmitted disease (STD) screening performed on [Date of Testing].

Test Results:

- Chlamydia: [Negative/Non-Reactive]
- Gonorrhea: [Negative/Non-Reactive]
- Syphilis: [Negative/Non-Reactive]
- HIV: [Negative/Non-Reactive]
- [Other Test]: [Result]

Your results for the tests listed above are within the normal range. No further action is required at this time regarding these specific tests.

Please note that these results reflect your status at the time of testing. If you have had a new sexual encounter since your last test, or if you develop symptoms such as discharge, pain, or sores, please contact our office to schedule a follow-up appointment.

Regular screening is an important part of maintaining your sexual health. We recommend routine testing [annually/every 6 months] or whenever you have a new partner.

If you have any questions regarding these results, please contact our clinic at [Phone Number].

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]