Date: [Date]

Patient Name: [Patient Full Name]

Patient ID: [ID Number]

Subject: CONFIDENTIAL MEDICAL RESULTS

Dear [Patient Name],

We are writing to provide you with the results of your recent Sexually Transmitted Disease (STD) screening performed on [Date of Test].

The laboratory analysis for the following tests has been completed:

- Chlamydia: **NEGATIVE**
- Gonorrhea: **NEGATIVE**
- Syphilis: **NON-REACTIVE**
- HIV-1/2: **NON-REACTIVE**
- Hepatitis B/C: **NEGATIVE**

Interpretation: Your results indicate that you tested negative for the infections listed above at the time of the sample collection. No further action or treatment is required for these specific results.

Important Note: Please be aware that some infections have a "window period" where they may not show up on a test immediately after exposure. If you believe you have had a recent high-risk exposure, we recommend a follow-up test in [3 months/6 months] as a precaution.

If you have any questions or wish to discuss preventative care, please contact our office at [Phone Number] or log in to your patient portal.

Sincerely,

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