[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

I am writing to provide you with the results of your recent Sexually Transmitted Disease (STD) screening performed on [Date of Testing].

The laboratory analysis for your panel is complete. I am pleased to inform you that your results for the following tests were **Negative** (Non-Reactive):

- Chlamydia
- Gonorrhea
- Syphilis (RPR)
- HIV 1/2 Antigen/Antibody
- Hepatitis B & C
- [Other Test Name, if applicable]

Please note that these results reflect your status at the time of the sample collection. If you believe you have had a recent exposure, please be aware that some infections have a "window period" before they can be accurately detected. If you have any new symptoms or concerns, please contact our office immediately.

We recommend regular screenings as part of your routine healthcare. If you have any questions regarding these results or would like to discuss preventative care, feel free to schedule a follow-up appointment.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic Name]