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

[Date]

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

RE: Lab Results Follow-Up

Dear [Patient Name],

I am writing to provide you with the results of your recent screenings conducted on [Date of Testing].

The results for your complete STI/STD panel are **Negative**. This indicates that at the time of testing, no infections were detected for the conditions screened, which included [List specific tests, e.g., HIV, Syphilis, Chlamydia, Gonorrhea].

Please keep in mind that certain infections have a "window period." If you believe you had a potential exposure within the last few weeks, we recommend a follow-up test in [Time Frame, e.g., 3 months] to ensure the most accurate results.

It remains important to practice safe habits and undergo routine screenings as part of your regular health maintenance. If you are experiencing any new or persistent symptoms, please contact our office to schedule an appointment.

A full copy of your lab report is [attached/available via the patient portal].

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]