Date: [Insert Date]

To: [Patient Name]
Date of Birth: [Patient DOB]
Patient ID: [Patient ID Number]

Subject: Confidential Notification of Laboratory Results

Dear [Patient Name],

We are contacting you regarding the laboratory tests performed on [Date of Testing]. Your results have been reviewed by your healthcare provider.

The results of your screening panel indicate a positive result for the following:

- [Insert Specific Condition, e.g., Chlamydia]
- [Insert Specific Condition, e.g., Gonorrhea]

Please note that many of these conditions are common and can be effectively treated or managed with medication. It is important that you begin treatment as soon as possible to ensure your health and to prevent the spread of infection to others.

Next Steps:

1. **Schedule a Follow-up:** Please call our office at [Phone Number] or use our online portal to schedule an appointment for treatment and a consultation.
2. **Partner Notification:** It is highly recommended that you inform any recent sexual partners so they may also seek testing and treatment.
3. **Precautions:** Please abstain from sexual activity until you have completed your full course of treatment and have been cleared by your provider.

Your privacy is our priority. If you have any questions or concerns regarding these results, please do not hesitate to contact our medical staff directly.

Sincerely,

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