CONFIDENTIAL

Date: [Date]

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

Dear [Patient Name],

This letter is to inform you of the results from your recent laboratory testing performed on [Date of Test].

Your test results have returned **POSITIVE** for: [Name of STI/STD].

It is important that you take the following steps immediately:

- **Schedule a Follow-up:** Please contact our clinic at [Phone Number] or log into the patient portal to schedule an appointment for treatment and consultation.
- **Prescription:** [A prescription has been sent to your pharmacy / A treatment plan will be discussed during your visit].
- **Partner Notification:** To prevent reinfection and protect others, please inform your recent sexual partners so they can be tested and treated.
- **Prevention:** Please abstain from sexual activity until you have completed your full course of treatment and have been cleared by a healthcare provider.

We understand this news may be concerning. Our medical staff is available to answer your questions regarding treatment, long-term health, and prevention strategies. Your privacy remains our highest priority, and this information is part of your confidential medical record.

Sincerely,

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