[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of the urinalysis performed during your recent annual physical examination on [Date of Exam].

Result Summary: [Normal / Requires Follow-up]

Provider Comments:
[Insert specific comments here, e.g., Your results were within normal limits and no further action is required at this time. OR Certain values were outside the normal range and we would like to schedule a follow-up.]

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

If you have any questions regarding these results or would like to discuss them in more detail, please contact our office at [Phone Number] or message us through the secure patient portal.

Sincerely,

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