Date: [Insert Date]

To: [Patient Full Name]
Address: [Patient Address]
Date of Birth: [Patient DOB]

Dear [Patient Name],

This letter is to inform you of the results from the routine urinalysis performed during your prenatal appointment on [Date of Sample].

Result Status: [Normal / Requires Follow-up / Abnormal]

Summary of Findings:

- **Protein:** [Negative / Trace / Positive]
- **Glucose (Sugar):** [Negative / Trace / Positive]
- **Leukocytes/Nitrites:** [Negative / Positive]

Next Steps:

[Insert specific instructions here, e.g., No action is needed at this time / Please increase your fluid intake / Please schedule a follow-up appointment / A prescription has been sent to your pharmacy.]

Monitoring your urine is a standard part of prenatal care to screen for conditions such as gestational diabetes, urinary tract infections, or preeclampsia. If you experience any symptoms such as burning during urination, lower abdominal pain, or sudden swelling, please contact our office immediately.

If you have any questions regarding these results, you may call the clinic at [Phone Number] or message us through the patient portal.

Sincerely,

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