[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent Pap smear performed on [Date of Procedure].

Your test results are **Normal (Negative)**. This means that no abnormal or cancerous cells were found during your screening.

Based on these results and your health history, your next routine screening is recommended in [Number] years. We will send you a reminder when it is time for your next appointment. However, if you experience any unusual symptoms such as irregular bleeding or pelvic pain before your next scheduled visit, please contact our office.

A copy of your results has been placed in your permanent medical record. If you have any questions regarding this report, please call us at [Phone Number].

Sincerely,

[Provider Name/Doctor Name]
[Practice Name]