Date: [Date]

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

Dear [Patient Name],

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

Result: Negative for Malignancy / Normal

This result means that the cells collected during your exam appeared normal and no signs of cervical cancer or pre-cancerous changes were detected.

Based on these results and current screening guidelines, your next routine screening should be scheduled in [Number] years. However, if you experience any new symptoms such as unusual bleeding, discharge, or pelvic pain before your next scheduled visit, please contact our office to speak with your healthcare provider.

A copy of this report will be kept in your permanent medical record.

Sincerely,

[Provider Name/Signature]
[Clinic/Practice Name]
[Phone Number]