**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]
**Date of Birth:** [Insert Patient Date of Birth]
**Patient ID:** [Insert Patient ID Number]

Dear [Insert Patient Name],

This letter is to formally confirm the results of your recent blood pregnancy test (hCG Quantitative/Qualitative) performed on [Insert Date of Test].

**Result: POSITIVE**

The laboratory analysis indicates a level of human chorionic gonadotropin (hCG) consistent with pregnancy. Based on these results, we recommend that you schedule your initial prenatal appointment to begin your formal care and establish a projected due date.

Please contact our office at [Insert Phone Number] to speak with a coordinator. In the meantime, we advise that you continue taking a prenatal vitamin with folic acid and avoid the consumption of alcohol, tobacco, and any medications not approved by your physician.

Congratulations, and we look forward to assisting you during your pregnancy.

Sincerely,

[Provider Signature]
[Insert Provider Name/Title]
[Insert Clinic/Facility Name]