Date: [Insert Date]

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

Dear [Insert Patient Name],

We are writing to provide you with the results of your recent blood pregnancy test (hCG) performed on [Insert Date of Test].

Result: Negative

A negative result means that the level of human chorionic gonadotropin (hCG) in your blood is below the range that indicates pregnancy at this time.

If you have missed your period or are experiencing symptoms, we recommend waiting one week. If your period still has not started, please contact our office to schedule a follow-up appointment or to discuss further testing.

If you have any questions regarding these results, please contact us at [Insert Phone Number].

Sincerely,

[Insert Provider/Clinic Name]
[Insert Department Name]
[Insert Contact Information]