[Physician Name or Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

I am writing to provide you with the results of your recent blood pregnancy test (hCG level) conducted on [Date of Test].

Test Result: [Positive / Negative]

Clinical Interpretation:
Your laboratory results indicate a [Positive/Negative] result for pregnancy. Your blood hCG level was measured at [Value] mIU/mL.

[Optional for Positive Result: Based on these results, we estimate you are approximately [Number] weeks pregnant. Please contact our office at [Phone Number] to schedule your initial prenatal appointment and ultrasound.]

[Optional for Negative Result: If you do not begin your menstrual cycle within the next seven days, or if you have any concerning symptoms, please contact our office for further evaluation.]

If you have any questions regarding these results or would like to discuss next steps, please do not hesitate to call our office.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]