CONFIDENTIAL

Date: [Date]

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

Dear [Patient Name],

This letter is to inform you of the results of your recent pregnancy blood test (hCG Quantitative/Qualitative) performed on [Date of Collection].

Result: [Positive / Negative]

Clinical Findings:

- hCG Level: [Insert Value] mIU/mL
- Reference Range: [Insert Range]

Next Steps:

[If Positive: Please contact our office at [Phone Number] to schedule your initial prenatal appointment and discuss your care plan.]

[If Negative: If you have further questions regarding your menstrual cycle or symptoms, please schedule a follow-up consultation.]

If you have any questions regarding these results, please contact the clinic at [Phone Number] between the hours of [Hours of Operation].

Sincerely,

[Provider Name/Signature]
[Clinic/Hospital Name]
[Contact Information]