

[Clinic or Health Department Name]  
[Address]  
[Phone Number]  
[Date]

To the Parent or Guardian of [Child's Name]:

We are writing to provide you with the results of your child's recent blood lead test performed on [Date of Test].

The test result shows a blood lead level of **[Insert Result] g/dL**. This level is considered elevated. There is no known safe level of lead in children's blood. Lead can affect a child's growth, behavior, and ability to learn.

**Required Next Steps:**

- **Follow-up Testing:** Your child needs a follow-up venous blood test (blood drawn from a vein) by [Date] to confirm this result.
- **Identify the Source:** It is important to find and remove any lead hazards in your home, such as peeling lead-based paint, contaminated dust, or certain imported toys and ceramics.
- **Nutrition:** Ensure your child eats a diet high in iron, calcium, and Vitamin C, as these nutrients help the body absorb less lead.

Our office will contact you shortly to schedule the follow-up appointment and discuss these results in more detail. In the meantime, you may contact [Local Health Department Name] at [Phone Number] for information on environmental home inspections.

If you have any immediate questions, please call our office at [Phone Number].

Sincerely,

[Provider Name/Signature]  
[Title]