

[Date]

To the Parent or Guardian of: [Patient Name]

Date of Birth: [DOB]

Dear Parent or Guardian,

We are writing to provide the results of your child's recent routine lead screening performed on [Date of Test].

Result: [Insert Result Value] $\mu\text{g/dL}$

Interpretation:

- **If the result is less than 3.5 $\mu\text{g/dL}$:** This is considered a normal result. No immediate action is required. We will continue to monitor your child according to standard pediatric guidelines at their next well-visit.
- **If the result is 3.5 $\mu\text{g/dL}$ or higher:** This is above the current reference level. Our office will contact you shortly to discuss follow-up testing, potential sources of lead exposure, and nutritional recommendations to help lower lead absorption.

Lead exposure can come from various sources, including old paint dust, contaminated soil, or certain imported products. Even if this result is normal, it is important to keep your child away from peeling paint and to ensure they wash their hands before eating and sleeping.

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

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]