

[Date]

To the Parents/Guardians of: [Child's Full Name]

Date of Birth: [DOB]

Address: [Patient Address]

Dear Parent or Guardian,

We are writing to provide you with the results of the venous blood lead test performed on [Date of Test].

**Your child's blood lead level is: [Result Value] g/dL.**

**Result Interpretation:**

[ ] **Low Risk (Less than 3.5 g/dL):** This level is currently considered within the normal range. No immediate medical action is required. We will continue to monitor your child at their next routine wellness exam.

[ ] **Elevated (3.5 g/dL or higher):** This level is higher than the current reference value. Lead exposure can affect a child's growth and development.

**Next Steps if Elevated:**

- Identify and remove potential sources of lead in your home (such as lead-based paint, contaminated soil, or certain imported toys/dishes).
- Ensure your child eats a diet high in iron, calcium, and Vitamin C to help decrease lead absorption.
- A follow-up blood test will be required in [Time Frame, e.g., 3 months].

If you have any questions or would like to discuss these results further, please call our office at [Phone Number] to speak with your pediatrician.

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]