

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

[Date]

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

This letter is to inform you of the results of your child's recent capillary (finger-prick) blood lead screening performed on [Date of Test].

Test Result: [Insert Result Value] g/dL

Interpretation of Results:

- **Result is less than 3.5 g/dL:** This is considered a low level. No immediate action is required. We will continue to monitor your child's lead levels at their next scheduled well-child visit according to standard guidelines.
- **Result is 3.5 g/dL or higher:** This level is above the current reference value. Because this was a capillary (finger-prick) test, it can sometimes be affected by lead dust on the skin. A venous blood draw (blood taken from a vein) is required to confirm this result.

Next Steps:

[Insert specific instructions, e.g., "Please call our office to schedule a confirmatory venous test" or "No further action is needed at this time."]

Lead exposure can come from various sources, including old paint, contaminated soil, or household dust. You can reduce lead exposure by frequent handwashing, cleaning floors with a damp mop, and ensuring your child eats a diet rich in iron, calcium, and Vitamin C.

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

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]