

Date: [Insert Date]

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

Date of Birth: [Child's DOB]

Dear Parent or Guardian,

We are writing to provide you with the results of your child's recent follow-up lead screening test conducted on [Date of Test].

Test Result: [Insert Result Value] g/dL

Result Status:

[] **Normal:** The blood lead level is below the level of concern. No further immediate action is required beyond standard annual screenings.

[] **Elevated:** The blood lead level remains above the recommended threshold. Continued monitoring and intervention are necessary.

Next Steps:

- **Repeat Testing:** Your child will need another follow-up test in [Number] months.
- **Home Assessment:** Please check your home for potential sources of lead, such as peeling paint in older homes, certain imported toys, or glazed pottery.
- **Nutrition:** Ensure your child eats a diet rich in Calcium, Iron, and Vitamin C, as these nutrients help the body absorb less lead.

We have scheduled a follow-up appointment for your child on [Date] at [Time]. If you have any questions regarding these results, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]