

[Date]

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

Date of Birth: [Child's DOB]

Dear Parent or Guardian,

Thank you for bringing your child in for their annual pediatric wellness visit. As part of this visit, we performed a routine blood lead screening on [Date of Test].

**Your Child's Results:**

- **Lead Level:** [Insert Level]  $\mu\text{g/dL}$
- **Result Status:** [Normal / Elevated]

**What these results mean:**

[If Normal]: Your child's lead level is within the normal range. No further action is required at this time. We will continue to monitor your child at their next annual exam.

[If Elevated]: This result is higher than the recommended level. Our office will contact you shortly to schedule a follow-up test and to discuss ways to identify and remove potential lead sources from your home.

Lead exposure can come from various sources, including old paint dust, contaminated soil, or certain imported toys and pottery. Maintaining a diet high in Calcium, Iron, and Vitamin C can help your child's body absorb less lead.

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

Sincerely,

[Doctor's Name/Provider Name]

[Practice Name]

[Contact Information]