

Date: [Insert Date]

To the Parents/Guardians of: [Patient Name]

Date of Birth: [Patient DOB]

Dear Parent or Guardian,

We are writing to provide you with the results of the blood lead screening performed on your child on [Date of Test].

Your child's blood lead level was: [Insert Result] $\mu\text{g/dL}$

Result Interpretation:

- **Level less than 3.5 $\mu\text{g/dL}$:** This result is within the normal range. No immediate action is required other than routine screening at your child's next scheduled well-check.
- **Level 3.5 $\mu\text{g/dL}$ or higher:** This is considered an elevated lead level. Lead exposure can affect a child's growth and development. We recommend a follow-up appointment to discuss potential sources of lead in your home and to schedule a confirmatory test.

Recommended Next Steps:

[Insert Provider Recommendations, e.g., Repeat test in 6 months, Nutritional counseling, or Environmental assessment]

If you have any questions regarding these results or would like more information on lead poisoning prevention, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]