

[Date]

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

Date of Birth: [Child's Date of Birth]

Dear Parent or Guardian,

This letter is to provide you with the results of your child's recent blood lead screening, as required by state law. This test was performed on [Date of Test].

Your Child's Result: [Insert Result Value] g/dL

Result Interpretation:

- **Low Risk (Below 3.5 g/dL):** No immediate action is required. We will continue to monitor your child at their next scheduled well-child visit.
- **Elevated (3.5 g/dL or higher):** This level is above the current reference value. Exposure to lead can affect a child's growth, behavior, and learning.

Next Steps:

[Insert specific follow-up instructions, such as: "A follow-up venous test is required within X days" OR "No further action is needed at this time."]

To reduce lead exposure, please ensure your child eats a diet high in calcium, iron, and vitamin C, and regularly wash your child's hands and toys. Ensure your home is free of peeling or chipping lead-based paint.

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

Sincerely,

[Provider Name/Signature]

[Clinic/Facility Name]

[Address]

[City, State, Zip Code]