

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide the results of your recent routine food intolerance screening test performed on [Date of Test].

Test Results:

[Insert Summary of Results here, e.g., No significant intolerances found / Potential sensitivity to Lactose and Gluten detected.]

Next Steps:

- Review the attached detailed report which lists all tested food groups.
- Keep a food diary for the next 14 days to track any symptoms related to the items identified.
- Consult with a nutritionist or schedule a follow-up appointment with our office to discuss dietary adjustments.

Please note that a food intolerance is different from a food allergy. These results are intended to help manage digestive comfort and general wellness.

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

Sincerely,

[Provider Name]

[Clinic/Laboratory Name]