

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Dear [Patient Name or Parent/Guardian],

We are writing to inform you that the throat culture collected on [Date of Test] has returned with a **POSITIVE** result for Group A Streptococcus (Strep Throat).

A prescription for antibiotics has been sent to your preferred pharmacy: [Pharmacy Name].

Important Instructions:

- Take the full course of antibiotics as prescribed, even if symptoms improve quickly.
- You/your child should stay home from school, daycare, or work until you have been on antibiotics for at least 24 hours and are fever-free.
- Replace your toothbrush 24 hours after starting antibiotics to prevent reinfection.
- Manage fever or pain with over-the-counter medications as directed by your provider.

Please contact our office at [Phone Number] if you have any questions or if symptoms worsen despite treatment.

Sincerely,

[Provider Name]

[Clinic Name]