

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Dear [Patient Name/Parent Name],

We are writing to provide the preliminary results of the throat culture collected on [Date of Collection].

Preliminary Result: [Positive / No Growth to Date]

Please note that this is an initial report. A final determination requires the culture to be monitored for a full 24 to 48 hours to ensure accuracy. We will contact you again only if the final result changes or if further action is required.

Instructions:

- If the result is positive: Please begin the prescribed antibiotics as directed and remain home from work or school until you have been on medication for at least 24 hours.
- If the result is currently negative: Continue to manage symptoms with fluids and rest. If symptoms worsen, please contact our office.

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

Sincerely,

[Provider Name]

[Practice Name]