

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Culture: [Date of Visit]

Dear [Patient Name/Parent Name],

We are writing to provide you with the final results of the throat culture taken during your recent visit.

Result: [Positive/Negative]

If Negative:

The final culture shows no growth of Group A Streptococcus. No antibiotics are required. Your symptoms are likely caused by a viral infection, which will resolve with rest, fluids, and over-the-counter pain relief. If symptoms worsen or a high fever persists, please contact our office.

If Positive:

The final culture is positive for Group A Streptococcus (Strep Throat). If you have not already started a course of antibiotics, please contact us immediately or check your local pharmacy, as a prescription has been sent. It is important to complete the entire course of medication, even if you begin to feel better.

You/your child may return to work or school once you have been on antibiotics for 24 hours and have been fever-free for at least 24 hours.

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

Sincerely,

[Provider Name]

[Clinic Name]