

Date: [Date]

To the Parent/Guardian of: [Patient Name]

Date of Birth: [DOB]

Dear Parent or Guardian,

We are writing to provide you with the results of the throat culture performed on [Date of Visit].

Result: [Positive / Negative] for Group A Streptococcus.

If the result is POSITIVE:

A prescription for antibiotics has been sent to [Pharmacy Name]. Please ensure your child takes the full course of medication, even if they begin to feel better. Your child may return to school or daycare once they have been on antibiotics for 24 hours and have been fever-free for 24 hours without the use of fever-reducing medicine.

If the result is NEGATIVE:

The sore throat is likely caused by a viral infection, which does not require antibiotics. Treatment should focus on comfort, such as fluids and over-the-counter pain relief as directed by your pediatrician.

Please contact our office at [Phone Number] if your child's symptoms worsen, if they develop a high fever, or if they have difficulty swallowing.

Sincerely,

[Provider Name]

[Clinic/Practice Name]