

URGENT: STREP THROAT CULTURE RESULTS

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Date of Test: [Date of Test]

Dear [Patient Name or Guardian Name],

We are writing to inform you that the throat culture collected during your recent visit has returned a **POSITIVE** result for Group A Streptococcus (Strep Throat).

Because this condition is highly contagious and requires treatment to prevent further complications, please follow these instructions immediately:

- **Prescription:** A prescription for antibiotics has been sent to your pharmacy: [Pharmacy Name/Phone]. Please begin taking this medication as soon as possible.
- **Complete the Course:** It is critical that you take the entire course of antibiotics as prescribed, even if you begin to feel better after a few doses.
- **Isolation:** You/your child should remain at home and avoid contact with others until you have been on antibiotics for at least 24 hours and are fever-free.
- **Sanitation:** Replace your toothbrush 24 hours after starting antibiotics and do not share utensils or drinking glasses.

If you experience any worsening symptoms, such as difficulty breathing, inability to swallow saliva, or a persistent high fever, please contact our office or seek emergency care immediately.

Sincerely,

[Provider Name/Clinic Name]

[Phone Number]

[Clinic Address]