

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name/Parent Name],

This letter is to inform you of the results of the rapid strep throat culture performed on [Date of Test].

Test Result: [Positive / Negative]

If Positive:

The test indicates an infection caused by Group A Streptococcus. A prescription for antibiotics has been [sent to your pharmacy / provided to you]. It is important to take the full course of medication even if symptoms improve. You should stay home from school or work until you have been on antibiotics for at least 24 hours and are fever-free.

If Negative:

The rapid test did not detect strep bacteria. Your symptoms may be caused by a viral infection, which does not require antibiotics. [Optional: We have sent a follow-up culture to the lab for confirmation, and we will contact you if those results change].

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

Sincerely,

[Provider Name]

[Clinic/Hospital Name]