

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Collection: [Collection Date]

Dear [Patient Name or Guardian],

This letter is to inform you of the results of the throat culture performed during your recent visit.

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

Interpretation:

- **If Positive:** This result indicates a strep throat infection. If you have not already started a course of antibiotics, please contact our office immediately or pick up the prescription sent to your pharmacy. It is important to complete the full course of medication.
- **If Negative:** No Group A Streptococcus was grown in the culture. Your symptoms may be caused by a viral infection or another condition that does not require antibiotics.

Follow-up Instructions:

Please remain at home until you have been on antibiotics for at least 24 hours and are fever-free. If symptoms worsen or if you experience difficulty breathing or swallowing, seek medical attention immediately.

If you have any questions regarding these results, please call our clinic at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]