

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent Fecal Occult Blood Test (FOBT) conducted on [Date of Sample].

Test Result: [NORMAL / ABNORMAL]

Result Details:

- **Negative (Normal):** No blood was detected in your stool sample. It is recommended that you continue regular screening as advised by your healthcare provider.
- **Positive (Abnormal):** Traces of blood were detected in your stool sample. A positive result does not necessarily mean you have a serious condition, but it requires further investigation to determine the cause.

Next Steps:

[If Positive: Please contact our office at [Phone Number] to schedule a follow-up appointment or a diagnostic procedure, such as a colonoscopy.]

[If Negative: No further action is required at this time. Your next screening should be scheduled for [Year/Date].]

If you have any questions regarding these results, please contact your primary care physician.

Sincerely,

[Doctor Name/Laboratory Director]
[Title]