

Date: [Date]

To the Parents/Guardians of [Patient Name],
Date of Birth: [DOB]

Dear [Parent/Guardian Name],

We are writing to provide you with the results of the stool sample analysis performed for [Patient Name] on [Date of Collection].

Result Summary: [Normal / Abnormal / Pending]

Findings:

[Insert detailed findings here, e.g., Negative for parasites, No bacterial growth, or Specific pathogen identified]

Provider Comments and Next Steps:

[Insert instructions, e.g., Continue current diet, start prescribed medication, or schedule a follow-up appointment]

If your child experiences worsening symptoms, such as high fever, signs of dehydration, or bloody stools, please contact our office immediately or seek urgent medical care.

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

Sincerely,

[Provider Name/Signature]
[Clinic Name]