

Date: [Date]

To: [Referring Physician Name]

Clinic/Facility: [Clinic Name]

Fax/Address: [Fax Number or Address]

RE: Stool Sample Analysis Results

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Collection: [Collection Date]

Dear Dr. [Physician Last Name],

Below are the results for the stool analysis performed on the aforementioned patient, referred to our facility on [Referral Date].

Test Results:

- **Fecal Occult Blood:** [Positive/Negative]
- **Ova and Parasites:** [Detected/Not Detected]
- **C. Difficile Toxin:** [Positive/Negative]
- **Culture and Sensitivity:** [Result Details]
- **Calprotectin Levels:** [Value] mg/kg
- **Other:** [Specify]

Clinical Interpretation:

[Insert brief summary of findings or clinical significance here].

Recommendations:

[Insert follow-up suggestions, treatment initiated, or further testing required].

Copies of the full laboratory report are attached for your records. If you have any questions regarding these findings, please contact our office at [Phone Number].

Sincerely,

[Your Name/Signature]

[Your Title/Credentials]

[Your Facility Name]