

[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 *Helicobacter pylori* (H. pylori) urea breath test performed on [Date of Test].

**Result: NEGATIVE**

A negative result means that no evidence of an active H. pylori infection was detected at the time of the test. This indicates that H. pylori bacteria are likely not the cause of your gastrointestinal symptoms.

If you are still experiencing symptoms such as persistent stomach pain, bloating, or heartburn, please schedule a follow-up appointment with our office to discuss further evaluation and alternative causes.

Please note that certain medications, such as antibiotics, bismuth subsalicylate (Pepto-Bismol), or proton pump inhibitors (PPIs), can interfere with test accuracy if taken recently. If you were taking any of these medications within two to four weeks prior to your test, please let us know, as a re-test may be necessary.

If you have any questions regarding this result, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]  
[Clinic/Department Name]