

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert Patient ID]

Dear [Insert Patient Name],

This letter is to inform you of the results of your recent Urea Breath Test (UBT) conducted on [Insert Test Date] to confirm the eradication of *Helicobacter pylori* (H. pylori) following your treatment cycle.

Test Result: NEGATIVE

The negative result indicates that the *H. pylori* bacteria were not detected in your system, confirming that the infection has been successfully eradicated.

Follow-up Instructions:

- You may resume your normal diet unless otherwise instructed by your physician.
- If you continue to experience gastrointestinal symptoms such as persistent bloating, abdominal pain, or heartburn, please schedule a follow-up appointment.
- Continue taking any other medications as prescribed for underlying conditions (e.g., GERD or gastritis).

If you have any questions regarding these results, please contact our office at [Insert Phone Number].

Sincerely,

[Doctor Name/Signature]

[Clinic/Department Name]

[Facility Name]