

Date: [Date]

To the Parents/Guardians of: [Patient Name]

Date of Birth: [DOB]

Reference Number: [ID Number]

Dear Parent or Guardian,

We are writing to provide you with the results of the **Helicobacter pylori (H. pylori) Urea Breath Test** performed on [Date of Test].

Test Result: [Positive / Negative]

Interpretation:

- **If Positive:** This indicates the presence of H. pylori bacteria in the stomach. This is a common cause of stomach inflammation or ulcers in children. Our office will contact you shortly to discuss a treatment plan, which typically involves a combination of antibiotics and acid-reducing medication.
- **If Negative:** This indicates that H. pylori bacteria were not detected at the time of the test.

Next Steps:

[Doctor's Specific Instructions / Follow-up Appointment Date]

If your child experiences severe abdominal pain, persistent vomiting, or dark/bloody stools, please contact our office immediately or seek urgent medical care.

Sincerely,

[Provider Name]

[Clinic/Department Name]

[Phone Number]