

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Dear [Insert Patient Name],

We are writing to provide you with the results of your recent Urea Breath Test for *Helicobacter pylori* (*H. pylori*).

Your Result: [Positive / Negative]

Interpretation:

- **Positive:** This indicates the presence of an active *H. pylori* infection. [Insert Physician Name] will contact you to discuss a prescription for a combination of antibiotics and acid-reducing medication.
- **Negative:** This indicates that *H. pylori* was not detected at the time of the test.

Dietary Recommendations:

To support your digestive health and manage symptoms, we recommend the following dietary adjustments:

Foods to Include:

- Probiotic-rich foods (Yogurt, kefir, sauerkraut)
- High-fiber foods (Oatmeal, beans, whole grains)
- Cruciferous vegetables (Broccoli, cauliflower, cabbage)
- Lean proteins (Chicken, fish, eggs)
- Berries (Blueberries, raspberries, strawberries)

Foods to Avoid:

- Spicy foods and chili peppers
- Highly acidic foods (Citrus fruits, tomato-based products)
- Caffeine (Coffee, strong tea, energy drinks)
- Alcohol and carbonated beverages
- Fried, fatty, or processed foods

Next Steps:

[Insert specific follow-up instructions, e.g., "Please schedule a follow-up appointment in two weeks" or "Begin medication as soon as it is picked up from the pharmacy."]

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

Sincerely,

[Insert Provider/Clinic Name]

[Insert Contact Information]