

**Date:** [Date]

**To:** Dr. [Physician Last Name]

**Facility:** [Clinic/Hospital Name]

**Fax/Address:** [Contact Information]

**RE: H. Pylori Urea Breath Test Result**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Date of Service:** [Date of Test]

Dear Dr. [Physician Last Name],

The Urea Breath Test (UBT) for the detection of *Helicobacter pylori* requested for the patient named above has been completed. Please find the results below:

**RESULT: [POSITIVE / NEGATIVE]**

**Reference Range:** Negative

**Clinical Interpretation:**

[Insert specific notes, e.g., A positive result indicates the presence of active H. pylori infection. Clinical correlation with symptoms is recommended.]

If you have any questions regarding these results or require further diagnostic testing, please contact our laboratory at [Phone Number].

Sincerely,

[Your Name/Signature]

[Title/Laboratory Name]