

URGENT: MEDICAL TEST RESULTS

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient Name],

We are writing to inform you of the results of your recent **Helicobacter pylori (H. pylori) Urea Breath Test** conducted on [Insert Date of Test].

Result: POSITIVE

A positive result indicates the presence of H. pylori bacteria in your stomach. This infection is a common cause of stomach inflammation (gastritis) and peptic ulcers. If left untreated, it can lead to more serious gastrointestinal complications.

Action Required:

Please contact our office immediately at [Insert Phone Number] to schedule a follow-up appointment. It is important that we begin a course of treatment, typically involving a combination of antibiotics and acid-reducing medication, to clear the infection.

If you experience severe abdominal pain, difficulty swallowing, or dark/tarry stools before your appointment, please seek medical attention immediately.

Sincerely,

[Insert Doctor/Provider Name]

[Insert Clinic/Department Name]

[Insert Facility Name]