Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Address]

Subject: Private and Confidential: Follow-up Required

Dear [Patient Name],

We are contacting you regarding your recent sexual health screening performed on [Insert Date of Test].

Your results are now available. We request that you contact the clinic or schedule an appointment at your earliest convenience to discuss these results with a healthcare provider. Please note that for your privacy, results cannot be provided over email or left on a voicemail.

Next Steps:

- Call our direct line at [Insert Phone Number] between the hours of [Insert Hours].
- Visit our online booking portal at [Insert URL] to schedule a "Follow-up Appointment."
- Bring this letter or your patient ID number: [Insert ID Number] to your appointment.

If you are currently experiencing any physical symptoms, please mention this when you call so we can prioritize your appointment.

We maintain strict confidentiality regarding all patient communications. We look forward to hearing from you soon.

Sincerely,

[Provider Name/Clinic Name]
[Department Name]
[Contact Information]