URGENT AND CONFIDENTIAL

Date: [Insert Date]

To: [Patient Name]
Address: [Patient Address]
Date of Birth: [Patient DOB]

Dear [Patient Name],

We are contacting you regarding your recent Sexually Transmitted Infection (STI) screening performed on [Date of Test].

Your test results are now available and require urgent follow-up. It is important that you contact the clinic as soon as possible to discuss these results and arrange the necessary treatment or further investigation.

Please take the following actions immediately:

- Call our clinic at [Phone Number] during the hours of [Opening Hours].
- Request to speak with a nurse or clinician regarding a "Priority Recall."
- Avoid any sexual contact until you have been seen and treated to prevent the potential spread of infection.

Please note that many infections are easily treatable with medication, but delayed treatment can lead to long-term health complications.

If you have already received treatment for this specific result elsewhere, please notify us so we can update your medical records.

We look forward to hearing from you shortly.

Sincerely,

[Clinician Name/Clinic Manager]
[Clinic Name]
[Clinic Contact Information]