[Clinic/Hospital Name]
[Department Name]
[Phone Number]
[Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Subject: Prescribed Treatment Protocol for Abnormal Urinalysis Findings

Dear [Patient Name],

This letter is to inform you of the results of your recent urinalysis conducted on [Date of Test]. The laboratory findings indicate [mention specific finding, e.g., presence of bacteria, elevated white blood cells, or protein].

Based on these results, the following treatment protocol has been prescribed:

- **Medication:** [Name of Medication, Dosage, and Frequency]
- **Duration:** [Number of Days]
- **Hydration:** [Specific fluid intake instructions]
- **Follow-up:** [Date or timeframe for repeat testing]

Please complete the full course of any prescribed medication, even if your symptoms improve before the medication is finished. Failure to complete the treatment may result in a recurrence of the condition.

Special Instructions:
[Insert any dietary restrictions or activity limitations here].

If you experience any severe side effects, such as a rash, difficulty breathing, or worsening pain, please contact our office immediately or seek emergency medical care.

Sincerely,

[Doctor/Provider Signature]
[Doctor/Provider Printed Name]
[License Number]