

# HIV Screening Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

We are writing to inform you about the results of your recent HIV screening conducted on [Insert Date of Test].

## Screening Results:

Your HIV screening result is: **[Positive/Negative]**

If your result is negative, we encourage you to continue regular screenings and maintain preventive measures.

If your result is positive, please contact our office to schedule a follow-up appointment. We are here to provide you with the necessary support and resources.

Your health and wellbeing is our highest priority. Please feel free to reach out to us at [Insert Contact Information] if you have any questions or concerns.

Sincerely,

[Insert Healthcare Provider's Name]

[Insert Title]

[Insert Institution/Clinic Name]