

Cancer Screening Outcome Guidance

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Contact Number: [Insert Patient Contact Number]

Dear [Patient's Name],

We are writing to provide you with the results of your recent cancer screening tests conducted on [Insert Date of Screening].

Screening Outcome:

- Test Type: [Insert Test Type]
- Result: [Positive/Negative]

Next Steps:

If your results indicate a need for further action, we recommend the following:

1. [Insert Recommendation 1]
2. [Insert Recommendation 2]
3. [Insert Recommendation 3]

Additional Information:

For additional support and information, please visit [Insert Resource Link] or contact our office at [Insert Contact Information].

Thank you for prioritizing your health. We are here to support you.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]