

Test Results Disclosure Letter

Date: [Insert Date]

Recipient Name: [Insert Recipient's Name]

Recipient Address: [Insert Address Line 1]

[Insert Address Line 2]

[Insert City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of the results of your recent medical tests performed on [Insert Test Date]. The following tests were conducted:

- [Test Name 1]: [Result 1]
- [Test Name 2]: [Result 2]
- [Test Name 3]: [Result 3]

Your overall condition indicates [Insert summary or recommendation based on results]. We advise you to schedule a follow-up appointment to discuss these findings further and to plan any necessary next steps.

Please do not hesitate to contact our office at [Insert Phone Number] if you have any questions or concerns regarding your test results.

Thank you for choosing [Your Medical Practice Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice Name]

[Your Contact Information]