

[Your Practice Letterhead]

[Date]

[Provider's Name]

[Provider's Title]

[Provider's Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Provider's Name],

Subject: HCG Testing Results for [Patient's Name]

I am writing to inform you about the HCG testing results for your patient, [Patient's Name], who was tested on [Date of Test].

****Patient Information****

- ****Name:**** [Patient's Full Name]

- ****Date of Birth:**** [Patient's DOB]

- ****Patient ID:**** [Patient ID or Number]

****Test Details****

- ****Test Performed:**** HCG (Human Chorionic Gonadotropin)

- ****Test Date:**** [Date of Test]

- ****Results:**** [Specify if positive, negative, or quantitative levels]

****Interpretation:****

[Provide a brief interpretation of the results and any relevant reference ranges or follow-up recommendations.]

Please feel free to contact me if you need further information or have any questions regarding these results.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice Name]