

**Date:** [Insert Date]

**To:** [Specialist Name/Clinic Name]  
**Department:** Allergy and Immunology  
**Address:** [Insert Address]

**RE:** Referral for Environmental Allergy and Immunology Testing  
**Patient Name:** [Insert Patient Name]  
**Date of Birth:** [Insert DOB]  
**Medical Record Number:** [Insert MRN]

Dear Dr. [Specialist Last Name],

I am writing to refer [Patient Name] for a comprehensive allergy and immunology consultation to evaluate suspected environmental hypersensitivities.

**Clinical Presentation:**

The patient presents with the following chronic symptoms: [e.g., allergic rhinitis, conjunctivitis, asthma exacerbations, or dermatitis]. These symptoms have persisted for [Duration] and appear to be triggered by [e.g., seasonal changes, indoor dust, animal dander, or specific locations].

**Current Medications:**

The patient is currently managing symptoms with: [List medications, e.g., Loratadine, Fluticasone, etc.]. Despite these interventions, the patient continues to experience [Mention breakthrough symptoms].

**Requested Evaluation:**

I am requesting your expertise for:

- Skin prick testing (SPT) for common environmental aeroallergens.
- Serum IgE testing (if indicated).
- Assessment for immunotherapy (allergy shots/drops) candidacy.
- Long-term immunological management plan.

Enclosed are the patient's recent clinical notes and relevant laboratory results. Please contact my office at [Phone Number] if you require further information.

Thank you for your assistance in the care of this patient.

Sincerely,

[Your Name/Signature]  
[Your Title/Credentials]  
[Your Clinic Name]