

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to provide the results of the allergy and immunology testing performed following our consultation on [Date of Consultation].

Test Results:

- **Testing Method:** [Skin Prick Test / Blood Test / Patch Test]
- **Positive Reactions:** [List specific allergens, e.g., Dust Mites, Grass Pollen, Peanuts]
- **Negative Reactions:** [List significant negatives]
- **Immunology Markers:** [Summary of IgE levels or other relevant markers]

Clinical Interpretation:

[Insert brief explanation of what these results mean in relation to the patient's symptoms].

Recommended Treatment Plan:

- [Avoidance strategies/Environmental controls]
- [Prescription medications or OTC recommendations]
- [Immunotherapy/Allergy shots discussion]
- [Emergency Action Plan/Epi-Pen instructions, if applicable]

Next Steps:

Please [schedule a follow-up appointment / call our office] to discuss these results in further detail and begin your treatment plan. If you experience any new or worsening symptoms, contact us immediately.

Sincerely,

[Physician Name]

[Clinic Name]

[Phone Number]