

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to follow up on your recent allergy and immunology consultation and testing performed on [Date of Visit].

Test Results Summary:

[Insert summary of skin prick tests, blood tests, or patch tests here. For example: Your results showed positive reactions to Timothy grass and dust mites, but were negative for food allergens.]

Clinical Diagnosis:

[Insert diagnosis, e.g., Allergic Rhinitis, Chronic Urticaria, or Environmental Allergies]

Treatment Plan and Recommendations:

- **Avoidance:** [List specific allergens to avoid]
- **Medications:** [List prescribed antihistamines, nasal sprays, or inhalers]
- **Emergency Plan:** [Mention EpiPen or emergency protocols if applicable]
- **Immunotherapy:** [State if allergy shots or drops were recommended]

Next Steps:

We would like to schedule a follow-up appointment in [Timeframe, e.g., 3 months] to monitor your progress. If you experience any new symptoms or have questions regarding your medication, please contact our office at [Phone Number].

Sincerely,

[Doctor Name, MD/DO]

[Practice Name]

[Contact Information]