Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

To: [Referring Physician Name / Primary Care Provider]

Subject: Discharge from Allergy/Immunology Desensitization Program

Dear Dr. [Physician Last Name],

This letter is to inform you that [Patient Name] has successfully completed their desensitization program for [Specific Allergen, e.g., Venom, Penicillin, Peanut] at our clinic.

Treatment Summary:

- **Start Date:** [Start Date]
- **End Date:** [Completion Date]
- **Maintenance Dose Reached:** [Dosage Amount/Concentration]
- **Frequency:** [Maintenance Interval, e.g., every 4 weeks]

Outcome and Assessment:

The patient tolerated the build-up phase [well / with the following minor reactions: List reactions]. They have achieved the target maintenance dose and are now considered clinically desensitized. The risk of a systemic allergic reaction to [Allergen] is now significantly reduced.

Long-Term Management Plan:

- **Maintenance Injections/Dosing:** The patient is to continue maintenance therapy at [Interval] for a total duration of [Duration, e.g., 3-5 years].
- **Emergency Medications:** The patient has been instructed to continue carrying an Epinephrine Auto-Injector (EpiPen) at all times.
- **Follow-up:** The patient will return to our office in [Time Frame] for a routine follow-up evaluation.

The patient has been educated on recognizing signs of anaphylaxis and the appropriate use of emergency medications. They have been discharged back to your primary care for general medical management, with periodic specialist reviews as scheduled.

If you have any questions regarding this patient's treatment or ongoing care, please do not hesitate to contact our office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic Name]
[Department of Allergy and Immunology]