Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Environmental Allergen Desensitization Clinic Discharge Letter

Dear [Patient Name/Referring Physician Name],

This letter confirms that the patient has successfully completed their course of allergen immunotherapy (desensitization) for the following environmental allergens:

- [Allergen 1]
- [Allergen 2]
- [Allergen 3]

Treatment Summary:

- **Start Date:** [Date]
- **End Date:** [Date]
- **Method:** [SCIT - Injections / SLIT - Sublingual]
- **Maintenance Dose Reached:** [Yes/No] on [Date]

Clinical Outcome:

The patient has demonstrated [Significant Improvement / Partial Improvement / Stabilization] of symptoms related to allergic rhinitis, conjunctivitis, or asthma. Recent clinical assessments indicate a reduced sensitivity to the allergens listed above.

Post-Discharge Instructions:

- Continue standard environmental avoidance measures as discussed.
- Maintain use of rescue medications (e.g., antihistamines, inhalers) as needed.
- Seek medical attention if severe allergic symptoms recur.

Follow-Up Plan:

[Details of any scheduled follow-up appointments or "as needed" return instructions].

Sincerely,

[Doctor Name]
[Title/Department]

[Clinic Name]
[Contact Information]