

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Subject: Comprehensive Food Allergy Panel Testing Results

Dear [Patient Name],

This letter provides the results of your recent Comprehensive Food Allergy Panel. These tests were performed to identify IgE-mediated sensitivities to common food allergens.

Test Summary

Allergen Group	Specific Food Item	Result (kU/L)	Interpretation
Dairy	Milk, Cheese	[Result]	[Normal/High]
Eggs	Egg White, Egg Yolk	[Result]	[Normal/High]
Grains	Wheat, Gluten, Corn	[Result]	[Normal/High]
Legumes/Nuts	Peanut, Soy, Walnut, Almond	[Result]	[Normal/High]
Seafood	Cod, Shrimp, Salmon	[Result]	[Normal/High]

Clinical Interpretation

[Insert physician's notes regarding positive or negative findings here.]

Next Steps and Recommendations

- **Avoidance:** [List foods to be eliminated from diet if any].
- **Medication:** [Note if Epinephrine or antihistamines are required].
- **Follow-up:** Please schedule an appointment for [Date/Time] to discuss a formal dietary plan.

If you experience any immediate symptoms such as swelling, difficulty breathing, or hives, please seek emergency medical attention immediately.

Sincerely,

[Physician Signature]

[Physician Name]

[Clinic/Facility Name]

[Contact Phone Number]