

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Test: [Test Date]

Dear [Patient Name],

We are writing to provide the results of your recent Seasonal Airborne Allergy Panel. This test measured your immune system's reaction to common environmental triggers such as pollen, molds, and dust mites.

Your Results:

- **Positive Reactions (Sensitivities Detected):** [List allergens or enter 'None']
- **Negative Reactions:** [List allergens or enter 'All tested']

Next Steps:

[Doctor's specific instructions: e.g., Start over-the-counter antihistamines, avoid outdoor activities during high pollen counts, or schedule a follow-up appointment.]

A full copy of your lab report is attached for your records. If you have any questions regarding these results or would like to discuss a long-term treatment plan, please contact our office at [Phone Number].

Sincerely,

[Doctor/Provider Name]

[Clinic Name]