

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

To: [Patient Name]
Address: [Patient Address]

Subject: Results of Dermatological Allergy Panel Testing

Dear [Patient Name],

We are writing to provide you with the results of your recent dermatological allergy panel testing conducted on [Date of Test].

Test Summary:

The testing was performed to identify specific environmental, chemical, or contact allergens that may be contributing to your skin symptoms. Below is a summary of your results:

- **Positive Reactions (Potential Allergens):** [List allergens or "None"]
- **Negative Reactions:** [List categories or "All other tested items"]

Clinical Assessment:

[Doctor's notes regarding the significance of the findings and how they correlate with the patient's history.]

Recommended Next Steps:

- **Avoidance:** Please minimize contact with [Allergen names].
- **Treatment Plan:** [Prescription or OTC recommendations].
- **Follow-up:** Please schedule an appointment for [Timeframe] to discuss these results in further detail.

If you have any immediate questions or experience an increase in symptoms, please contact our office at [Phone Number].

Sincerely,

[Doctor Name]
[Title/Department]
[Clinic Name]