

URGENT: SEVERE ALLERGY TEST RESULTS

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient/Guardian Name],

This letter is to inform you of the results from the Allergy Panel Testing conducted on [Insert Date]. The results indicate **severe, life-threatening sensitivities** to the following allergens:

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

Due to the high levels detected, you are at significant risk for **Anaphylaxis** upon exposure to these substances. You must take the following immediate actions:

1. **Strict Avoidance:** Completely remove these allergens from your environment and diet immediately.
2. **Emergency Medication:** Ensure you have an unexpired Epinephrine Auto-Injector (EpiPen) with you at all times.
3. **Action Plan:** Review the enclosed Allergy Emergency Action Plan.
4. **Follow-up:** Call our office at [Insert Phone Number] immediately to schedule a consultation to discuss management and prescriptions.

If you experience swelling of the lips/tongue, difficulty breathing, or a rapid pulse, call 911 or seek emergency medical care immediately.

Sincerely,

[Insert Physician Name]

[Insert Clinic Name]

[Insert Contact Information]