

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Reference Number: [ID Number]

Dear [Patient Name/Parent Name],

We are writing to provide the results of the Extended Nut Allergy Panel testing performed on [Date]. This comprehensive panel tested for sensitivity to a wide range of tree nuts and peanuts.

Test Results Summary:

- **Peanut:** [Positive/Negative] - Level: [Value]
- **Almond:** [Positive/Negative] - Level: [Value]
- **Cashew:** [Positive/Negative] - Level: [Value]
- **Pistachio:** [Positive/Negative] - Level: [Value]
- **Walnut:** [Positive/Negative] - Level: [Value]
- **Pecan:** [Positive/Negative] - Level: [Value]
- **Hazelnut:** [Positive/Negative] - Level: [Value]
- **Brazil Nut:** [Positive/Negative] - Level: [Value]
- **Macadamia Nut:** [Positive/Negative] - Level: [Value]
- **Pine Nut:** [Positive/Negative] - Level: [Value]

Clinical Interpretation:

[Insert physician's notes regarding specific sensitivities or cross-reactivity findings here].

Recommended Action Plan:

- Strict avoidance of the allergens identified above.
- Carry an Epinephrine auto-injector at all times.
- Follow the attached Allergy Action Plan.
- Schedule a follow-up appointment for further discussion.

If you have any questions regarding these results or the recommended precautions, please contact our office at [Phone Number].

Sincerely,

[Physician Name]

[Clinic Name]