

[Clinic or Laboratory Name]

[Address Line 1]

[Address Line 2]

[Phone Number]

[Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Patient ID/Reference:** [ID Number]

**Date of Test:** [Test Date]

Dear [Patient Name],

Please find enclosed the results of your recent food intolerance (IgG) test. This report identifies specific foods to which your system may be sensitive.

### Summary of Results:

- **High Reactivity:** [List foods or "None"]
- **Moderate Reactivity:** [List foods or "None"]
- **No Reactivity detected:** All other items tested.

### Next Steps:

Food intolerances are not the same as life-threatening food allergies. They often suggest a difficulty in digesting certain items. Based on these results, we recommend the following:

1. **Elimination Phase:** Remove the "High Reactivity" foods from your diet for a period of 4 to 12 weeks.
2. **Symptom Monitoring:** Keep a food diary to track changes in your symptoms (e.g., bloating, headaches, fatigue).
3. **Reintroduction:** Slowly reintroduce foods one at a time to determine your personal tolerance level.

Please note that you should consult with a healthcare professional or a registered dietitian before making significant changes to your diet to ensure you maintain balanced nutrition.

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

Sincerely,

[Physician/Provider Name]

[Title]

[Clinic Name]