

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

To the Parent/Guardian of [Patient Name],

Re: Food Intolerance Test Results (Date of Test: [Date of Test])

Dear [Parent/Guardian Name],

We have received the results of the food intolerance panel for [Patient Name]. These tests measure the body's sensitivity to specific food proteins.

Summary of Findings:

- **High Reactivity:** [List foods, e.g., Dairy, Wheat]
- **Moderate Reactivity:** [List foods, e.g., Eggs, Soy]
- **No Reactivity:** [List foods or categories]

Next Steps:

Based on these results, we recommend the following plan:

1. **Elimination Phase:** Remove "High Reactivity" foods from your child's diet for [Number] weeks.
2. **Symptom Tracking:** Keep a daily log of symptoms such as bloating, skin rashes, or digestive upset.
3. **Reintroduction:** We will schedule a follow-up call on [Date] to discuss how to slowly reintroduce foods to identify specific triggers.

Please note that a food intolerance is different from a life-threatening food allergy. If your child experiences difficulty breathing or swelling of the face, seek emergency medical care immediately.

Enclosed is a detailed report and a guide for age-appropriate food substitutions. If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Physician Name]
[Title]
[Clinic/Department Name]