

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Subject: Final Food Intolerance Test Results

We are writing to provide you with the final results of your recent food intolerance diagnostic testing performed on [Date of Test].

Based on the laboratory analysis, the following sensitivities or intolerances have been identified:

- [Food Item 1]: [Level of Reactivity/Intolerance]
- [Food Item 2]: [Level of Reactivity/Intolerance]
- [Food Item 3]: [Level of Reactivity/Intolerance]

Items marked as high reactivity are recommended for removal from your diet for a period of [Number] weeks. Items marked as moderate should be limited or rotated as discussed during your consultation.

Please note that a food intolerance is different from a food allergy. These results indicate a difficulty in digesting certain substances rather than an immediate immune system reaction. We have attached the full laboratory report and a recommended dietary guide to assist you in managing these findings.

We recommend scheduling a follow-up appointment to discuss a specific nutritional plan and potential enzyme supplementation if necessary. Please contact our office at [Phone Number] to book your visit.

Sincerely,

[Practitioner Name]

[Clinic/Practice Name]

[Contact Information]