

URGENT: MEDICAL TEST RESULTS ENCLOSED

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID/DOB: [Insert ID or Date of Birth]

Dear [Patient Name],

This letter is to inform you that your recent food intolerance laboratory tests have been processed. We are contacting you urgently because the results indicate high-level reactivity to the following food(s):

- [Insert Food Item 1] - Reaction Level: [High/Severe]
- [Insert Food Item 2] - Reaction Level: [High/Severe]
- [Insert Food Item 3] - Reaction Level: [High/Severe]

Immediate Action Required:

Based on these findings, we strongly advise you to remove these items from your diet immediately to prevent further gastrointestinal distress, inflammation, or other associated symptoms. Continuing to consume these triggers may lead to worsening health complications.

Next Steps:

1. Please call our office at [Insert Phone Number] to schedule a follow-up consultation within the next 48 hours.
2. Bring a list of any current symptoms you are experiencing to your appointment.
3. Review the attached digital report for a full breakdown of all tested food groups.

If you experience any severe symptoms such as difficulty breathing, swelling, or extreme abdominal pain, please seek emergency medical attention immediately.

Sincerely,

[Physician/Provider Name]
[Clinic/Laboratory Name]
[Contact Information]