

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Patient Name],

This letter is to inform you that your food intolerance test results are now available. These tests were conducted to identify potential triggers for your gastrointestinal symptoms.

Test Summary:

Based on the laboratory analysis, the following results were noted:

- **Negative / Normal:** [List foods or substances with no reaction]
- **Mild Intolerance:** [List foods or substances with low reactivity]
- **Significant Intolerance:** [List foods or substances with high reactivity]

Physician Recommendations:

[Doctor's specific instructions regarding elimination diet, reintroduction phase, or enzyme supplements.]

Please note that a food intolerance is different from a food allergy. While an intolerance may cause digestive discomfort, it is generally not life-threatening. We recommend keeping a food and symptom diary over the next [Number] weeks to track your progress.

A follow-up appointment has been scheduled for [Date] at [Time] to discuss these findings in detail and create a long-term nutritional plan. If you have urgent questions before then, please contact our office at [Phone Number].

Sincerely,

[Physician Name]
[Gastroenterology Department]