

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide the results of your recent food intolerance test conducted on [Date of Test].

The results indicate sensitivities to the following food items:

- [Food Item 1]
- [Food Item 2]
- [Food Item 3]

Based on these findings, we recommend the following dietary adjustments:

1. **Elimination:** Remove the items listed above from your diet for a period of [Number] weeks.
2. **Observation:** Keep a food diary to track any changes in your symptoms or energy levels.
3. **Reintroduction:** After the elimination period, we will discuss a plan to slowly reintroduce these foods one at a time to monitor your body's reaction.

Please note that a food intolerance is different from a food allergy. While these items may cause digestive discomfort or other symptoms, they are not currently classified as life-threatening reactions.

We have enclosed a detailed copy of your lab report for your records. We would like to schedule a follow-up appointment on [Date/Time] to discuss a specific meal plan and ensure your nutritional needs are being met during this adjustment.

If you have any questions before our next meeting, please contact our office at [Phone Number].

Sincerely,

[Provider Name]

[Practice Name]