

Dear [Patient Name],

This is a reminder of your upcoming initial allergy testing consultation.

**Appointment Details:**

- Date: [Date]
- Time: [Time]
- Location: [Clinic Address/Room Number]
- Provider: [Doctor Name]

**Important Instructions:**

- Please arrive [15] minutes early to complete registration.
- Stop taking all antihistamines [5-7] days prior to your appointment, as they may interfere with skin testing results.
- Bring a list of all current medications and any relevant medical records.
- The appointment may last approximately [Duration, e.g., 2 hours].

If you need to reschedule or cancel, please contact us at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you.

Sincerely,

[Clinic/Office Name]

[Phone Number]

[Website]