

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Allergy Treatment Appointment Reminder

Dear [Patient Name],

This is a friendly reminder of your upcoming follow-up allergy appointment with [Doctor Name] at [Clinic Name].

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Address/Suite Number]

The purpose of this visit is to review your progress, adjust your treatment plan if necessary, and ensure your allergy symptoms are well-managed.

Please remember to:

- Bring a list of your current medications.
- Arrive 15 minutes early to complete any necessary paperwork.
- [Optional: Note if patient should stop taking antihistamines before the visit].

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

We look forward to seeing you soon.

Sincerely,

[Your Name/Clinic Name]

[Phone Number]

[Website]