

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: Appointment Reminder: Skin Prick Allergy Testing**

Dear [Patient Name],

This is a reminder of your upcoming appointment for Skin Prick Allergy Testing.

**Appointment Details:**

Date: [Date of Appointment]

Time: [Time]

Location: [Clinic Name/Address]

**Important Instructions:**

- Stop taking antihistamines (e.g., Benadryl, Zyrtec, Claritin) at least [Number] days before your appointment, as these can interfere with results.
- Do not apply lotions, creams, or perfumes to your arms or back on the day of the test.
- Plan to be at the clinic for approximately [Duration, e.g., 60-90 minutes].
- Wear a short-sleeved shirt or clothing that allows easy access to your arms or back.

If you need to reschedule or have questions regarding your medications, please contact us at [Phone Number] at least [Number] hours in advance.

We look forward to seeing you.

Sincerely,

[Doctor/Clinic Name]

[Contact Information]