

[Clinic Name]
[Clinic Address]
[Phone Number]

[Date]

To: [Patient Name]

Subject: Appointment Reminder - Allergy Immunotherapy (Injections)

Dear [Patient Name],

This is a reminder of your upcoming allergy immunotherapy treatment appointment:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Department/Clinic Floor]

Important Instructions:

- Please arrive 5 minutes early to check in.
- Remember that you must remain in the waiting area for 30 minutes after your injection for medical observation.
- If you have started any new medications (especially beta-blockers) or are feeling unwell (fever, asthma flare-up), please inform the nurse before your injection.
- Ensure you have taken your prescribed antihistamine, if previously instructed by your doctor.

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

Sincerely,

[Clinic/Doctor Name]
[Clinic Website]