

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Annual Allergy Screening and Treatment Review

Dear [Patient Name],

This letter is a reminder that it is time for your annual allergy screening and treatment review. Regular evaluations are essential to ensure your current allergy management plan remains effective and to adjust your treatment as your sensitivities or environment change.

Our records show that your next appointment should be scheduled by [Date].

During this visit, we will:

- Review your allergy history and current symptoms.
- Perform updated skin or blood testing if necessary.
- Evaluate the effectiveness of your current medications or immunotherapy.
- Refill necessary prescriptions for the upcoming year.

Please call our office at [Phone Number] or visit our online portal at [Website URL] to schedule your appointment. We recommend scheduling soon to ensure you receive your preferred time slot.

If you have already scheduled this appointment, please disregard this notice. We look forward to seeing you soon.

Sincerely,

[Doctor's Name/Clinic Name]

[Clinic Phone Number]

[Clinic Address]