

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment Reminder: Food Allergy Testing

Dear [Patient Name],

This is a reminder of your upcoming food allergy testing appointment at [Clinic Name].

**Appointment Details:**

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Full Clinic Address]

**Important Instructions for Your Visit:**

- **Antihistamines:** Please stop taking all antihistamines [Number] days before your appointment, as these can interfere with test results.
- **Diet:** You may eat a light meal before your visit unless instructed otherwise.
- **Duration:** Please plan to be at the clinic for approximately [Duration, e.g., 2 hours] to allow for testing and observation.
- **Documentation:** Bring your insurance card, a photo ID, and a list of any suspected trigger foods.

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

We look forward to seeing you.

Sincerely,

[Doctor/Provider Name]

[Clinic Name]