

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Patch Allergy Testing Appointment

Dear [Patient Name],

This is a reminder of your upcoming patch allergy testing appointment at [Clinic Name]. This process requires three separate visits in one week to ensure accurate results.

Your Appointment Schedule:

- **Visit 1 (Patch Placement):** [Date] at [Time]
- **Visit 2 (First Reading):** [Date] at [Time]
- **Visit 3 (Final Reading):** [Date] at [Time]

Important Instructions:

- Do not get your back wet during the entire testing period (no showers, baths, or swimming).
- Avoid heavy exercise or activities that cause excessive sweating.
- Do not apply creams, lotions, or ointments to your back 48 hours before your first visit.
- Wear loose-fitting, dark-colored clothing, as the marking ink may stain.
- Please bring a list of all current medications and skin care products you use.

If you need to reschedule, please contact us at least [Number] hours in advance at [Phone Number]. Failure to attend all three appointments will result in an incomplete test.

We look forward to seeing you.

Sincerely,

[Doctor/Provider Name]

[Clinic Name]

[Phone Number]