

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment Reminder - Allergy Injection Treatment

Dear [Patient Name],

This is a reminder regarding your upcoming allergy injection appointment scheduled at [Clinic Name].

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Address/Room Number]

Please remember the following guidelines for your visit:

- Plan to remain in the clinic for at least 30 minutes after your injection for observation.
- Notify the nurse if you have been ill, have a fever, or have started any new medications since your last visit.
- Wear a short-sleeved shirt to allow easy access to the injection site.

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

We look forward to seeing you.

Sincerely,

[Doctor/Staff Name]

[Clinic Name]

[Phone Number]