

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Environmental Allergy Testing Appointment

Dear [Patient Name],

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

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Address/Suite Number]

Important Preparation Instructions:

- Stop taking all antihistamines (such as Benadryl, Claritin, Zyrtec, or Allegra) [Number] days prior to your visit.
- Avoid using lotions, creams, or perfumes on your back or arms on the day of the test.
- Wear a short-sleeved shirt or loose clothing for easy access to your arms and back.
- Plan to be in the office for approximately [Duration, e.g., 2 hours].

If you need to reschedule or have questions regarding your medications, please call us at [Phone Number] at least [Number] hours in advance to avoid a cancellation fee.

We look forward to seeing you.

Sincerely,

[Doctor/Staff Name]

[Clinic Name]