

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Your Allergy Immunotherapy Schedule

Dear [Patient Name],

Our records indicate that you are currently due for your next allergy immunotherapy injection. To ensure the effectiveness of your treatment and maintain your progress toward long-term allergy relief, it is important to stay consistent with your injection schedule.

Missing scheduled doses can delay your results and may require us to adjust your dosage for safety reasons.

**Next Steps:**

- Please call our office at [Phone Number] to schedule your appointment.
- Our current walk-in hours for injections are: [Insert Hours].
- If you have already received your injection recently, please disregard this notice.

If you have any questions regarding your treatment plan or are experiencing any concerns, please do not hesitate to contact us.

Sincerely,

[Doctor/Clinic Name]

[Clinic Address]

[Contact Information]