[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Reminder - Annual Allergy Testing Due

Dear [Patient Name],

Our records indicate that it is time for your annual allergy evaluation and skin testing. Routine testing is essential to monitor your sensitivities, adjust your treatment plan, and ensure your current medications or immunotherapy remain effective.

Please contact our office at [Phone Number] to schedule your appointment. When you call, please mention that you are scheduling your "Annual Allergy Recall."

Important Instructions:

- Stop taking antihistamines [Number] days prior to your appointment.
- Plan to be in the office for approximately [Number] hours.
- Bring your current list of medications.

If you have recently had your testing completed elsewhere or have questions regarding this reminder, please let us know.

Sincerely,

[Doctor/Provider Name]
[Practice Name]
[Practice Phone Number]