[Date]

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

Dear [Patient Name],

This letter is to follow up on your recent allergy desensitization treatment (immunotherapy) session on [Date of Last Appointment].

As you continue with your treatment plan, please monitor for any delayed reactions such as increased swelling at the injection site, hives, or respiratory changes. If you experience any severe symptoms, please use your epinephrine auto-injector immediately and seek emergency medical care.

Treatment Progress Summary:

- Current Dose Level: [Dose Amount/Concentration]
- Reaction at Last Visit: [None/Mild/Specific Notes]
- Next Scheduled Phase: [Build-up/Maintenance]

Your next appointment is scheduled for:

Date: [Next Appointment Date]
Time: [Appointment Time]

Please remember to remain in the clinic for at least 30 minutes following your next injection for observation. If you have started any new medications, especially beta-blockers, or if you are feeling unwell on the day of your appointment, please notify our office before your arrival.

If you have any questions regarding your progress or side effects, please contact us at [Phone Number].

Sincerely,

[Doctor/Provider Name]
[Practice Name]
[Contact Information]