[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To the Parent or Guardian of [Patient Name],

This letter is to inform you that we are recalling [Patient Name] to our office for follow-up allergy testing. Our records show that it is time for a re-evaluation of your child's known allergies or to complete a scheduled testing series.

Regular allergy testing is important for pediatric patients because children can outgrow certain allergies, or develop new sensitivities as they get older. Updating your child's allergy profile ensures that their treatment plan, including emergency medications like epinephrine auto-injectors, remains accurate and effective.

Testing Details:

- **Type of Test:** [Skin Prick Test / Blood Test / Food Challenge]
- **Estimated Duration:** [Amount of Time]

Instructions Before Your Visit:

Please stop giving your child any antihistamines (such as Benadryl, Zyrtec, or Claritin) for [Number] days prior to the appointment, as these can interfere with test results. Continue all asthma controller inhalers unless otherwise instructed.

Please call our office at [Phone Number] to schedule this appointment. If you have already scheduled this visit or if your child is currently under the care of a different specialist, please let us know so we can update our records.

We look forward to seeing you and ensuring the continued health and safety of your child.

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]