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

[Doctor's Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to follow up on the food allergy testing performed on [Date of Test] for [Patient Name]. We are looking to confirm the results and discuss the next steps for management.

According to the test results, [Patient Name] showed reactions to the following allergens: [List Allergens Here].

To ensure we have a clear plan moving forward, I would appreciate your guidance on the following:

- The severity of these specific allergies.
- Strictness of avoidance (e.g., cross-contamination risks).
- Prescription of an epinephrine auto-injector (EpiPen) and training on its use.
- An official Food Allergy Action Plan for school or work.
- Recommendations for a follow-up appointment or oral food challenge.

Please let us know if there are any additional materials or instructions we should have on file. We look forward to hearing from you soon.

Sincerely,

[Your Signature]
[Your Printed Name]