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

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

Subject: Appointment Notice: Annual Allergy and Immunology Review

Dear [Patient Name],

Our records show that it is time for your annual allergy review. It is important to attend this yearly appointment to monitor your condition, review your symptoms, and update your treatment plan or prescriptions.

Your appointment has been scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Doctor Name]

Please bring the following to your appointment:

- Your current epinephrine auto-injectors (EpiPens) to check expiration dates.
- A list of all current medications.
- Any new logs of allergic reactions or symptoms experienced over the past year.

Important Note: If you need to reschedule or cancel, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you soon.

Sincerely,

[Clinic Name Staff/Doctor Name]
[Clinic Name]