[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us for your food allergy testing and consultation. Our goal is to help you identify specific triggers and develop a safe management plan for your dietary needs.

Your appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time]
Provider: [Physician/Specialist Name]

Important Pre-Appointment Instructions:

- Please discontinue all antihistamines [Number] days prior to your visit, as these can interfere with skin testing results.
- Bring a list of all current medications and supplements.
- If you have a log of recent allergic reactions or a food diary, please bring it with you.
- Plan to be in our office for approximately [Duration, e.g., 2 hours] to allow time for testing and consultation.

What to Expect:

During your visit, we will review your medical history, perform necessary diagnostic tests (such as skin prick tests or blood work), and discuss the results. We will then work together to create a personalized treatment and avoidance plan.

If you need to reschedule or have any questions regarding your upcoming visit, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to seeing you soon.

Sincerely,

[Your Name/Clinic Administrator]
[Clinic Name]