[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 seasonal allergy evaluation. Our goal is to help you manage your symptoms and improve your quality of life during allergy season.

Your appointment is scheduled for:

**Date:** [Appointment Date]
**Time:** [Appointment Time]
**Location:** [Clinic Address/Suite Number]

To ensure we provide the most accurate evaluation, please follow these instructions before your visit:

- **Medications:** Please stop taking antihistamines [Number] days before your appointment, as these can interfere with allergy testing.
- **Records:** Bring a list of your current medications and any previous allergy test results.
- **Symptoms:** Be prepared to discuss your specific symptoms, when they occur, and any known triggers.

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, please call us at [Phone Number] at least 24 hours in advance.

We look forward to meeting you and helping you find relief.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]
[Phone Number]