# Welcome to the Allergy and Immunology Department

Dear [Patient Name],

Welcome to [Clinic/Hospital Name]. We are pleased that you have chosen our department for your allergy and immunology care. Our team of specialists is dedicated to providing you with comprehensive testing, diagnosis, and personalized treatment plans.

**Your First Appointment**

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Physician Name]

**Important Instructions:**

To ensure accurate allergy testing results, please stop taking antihistamines [Number] days prior to your visit. If you have questions regarding specific medications, please contact our office.

**What to Bring:**

- Photo ID and insurance card.
- A list of current medications and dosages.
- Any previous allergy testing results or relevant medical records.
- Completed new patient forms (attached or available on our portal).

**Location and Parking:**

[Insert Address/Building Details]

[Insert Parking Instructions]

If you need to reschedule or cancel, please notify us at least 24 hours in advance. We look forward to seeing you soon.

Sincerely,

The Allergy and Immunology Team
[Clinic Name]
[Phone Number]
[Website]