

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent allergy testing panel conducted on [Date of Test].

Upon reviewing the findings, your results are currently classified as inconclusive. This means the data collected does not clearly indicate a specific sensitivity or provide a definitive positive or negative reaction to the allergens tested. This can sometimes occur due to timing, recent medication use, or technical limitations of the testing method used.

To determine the next steps in your care, we would like to schedule a follow-up appointment. During this visit, we will discuss:

- A clinical review of your symptoms.
- Potential re-testing or alternative testing methods (such as blood work or a different skin test).
- Management strategies for your current symptoms.

Please contact our office at [Phone Number] to schedule your follow-up consultation. If you have already scheduled an appointment, please keep this letter for your records.

Thank you for choosing [Practice/Clinic Name] for your healthcare needs.

Sincerely,

[Physician Name/Provider Name]

[Practice Name]