

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

[Date]

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

RE: Comprehensive Allergy Testing Panel Results

Dear [Patient Name],

We are writing to provide you with the results of your recent comprehensive allergy testing panel conducted on [Date of Test]. The purpose of this panel was to identify specific environmental, food, or chemical triggers contributing to your symptoms.

Summary of Findings:

- **Positive Reactions:** [List specific allergens, e.g., Ragweed, Dust Mites, Shellfish]
- **Negative Reactions:** [List notable negative results or categories]

Based on these results, we have developed the following initial recommendations:

1. **Avoidance Strategies:** [Briefly describe how to avoid identified triggers].
2. **Medication Management:** [List prescribed antihistamines, nasal sprays, or emergency epinephrine if applicable].
3. **Treatment Options:** We would like to discuss whether you are a candidate for allergen immunotherapy (allergy shots or drops).

It is important to discuss these results in the context of your clinical history. Please contact our office at [Phone Number] to schedule a follow-up appointment to create a formal Allergy Action Plan.

If you experience any severe symptoms such as difficulty breathing, swelling of the throat, or a rapid pulse before your appointment, please seek emergency medical attention immediately.

Sincerely,

[Doctor Signature/Name]
[Title]