

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Re: Allergy Testing Results for [Patient Name]

Dear [Parent/Guardian Name],

We are writing to provide you with the results of the allergy testing panel performed for [Patient Name] on [Date of Test].

Test Results Summary:

- [] All results were within the normal range (Negative).
- [] Sensitivities were identified for the following items: [List Allergens]

Clinical Interpretation:

[Insert physician notes regarding severity and clinical significance here].

Recommended Next Steps:

- [] Avoidance of identified triggers.
- [] Prescription for Emergency Epinephrine (EpiPen).
- [] Start daily antihistamine: [Medication Name].
- [] Schedule a follow-up appointment for an Allergy Action Plan.

If your child experiences sudden swelling, difficulty breathing, or widespread hives, please seek emergency medical attention immediately.

If you have any questions regarding these results, please contact our office at [Phone Number].

Sincerely,

[Doctor's Name/Provider Name]

[Clinic Name]

[Contact Information]