

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Reference Number: [Account/ID Number]

Dear [Patient Name],

We are writing to provide the results of your recent allergy testing panel conducted on [Date of Test]. Below is a summary of your results and the recommended medication management plan.

1. Allergy Testing Results

Your testing indicated the following sensitivities:

- **Positive Reactions:** [List specific allergens, e.g., Ragweed, Dust Mites, Cat Dander]
- **Negative Reactions:** [List specific allergens or "All other tested items"]

2. Medication Management Plan

Based on these results, we recommend the following medication regimen to manage your symptoms:

Medication Name	Dosage	Frequency	Notes
[Medication 1]	[e.g., 10mg]	[e.g., Once daily]	[e.g., Take in the evening]
[Medication 2]	[e.g., 2 sprays]	[e.g., Each nostril daily]	[e.g., For nasal congestion]

3. Emergency Instructions

If you have been prescribed an Epinephrine Auto-Injector (EpiPen):

- Carry it with you at all times.
- Use immediately if you experience signs of anaphylaxis (difficulty breathing, swelling of the throat, or fainting).
- Seek emergency medical care (call 911) immediately after use.

4. Next Steps

We would like to schedule a follow-up appointment on [Date/Time] to discuss these results in detail and monitor the effectiveness of your medications. Please contact our office at [Phone Number] if you have any questions.

Sincerely,

[Doctor Name/Provider Name]

[Clinic/Facility Name]

[Contact Information]