

[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].

Test Results:

- **Confirmed Allergies:** [List specific allergens, e.g., Peanuts, Dairy, Shellfish]
- **Sensitivities:** [List mild reactions or sensitivities]
- **Negative Results:** [List substances with no reaction]

Dietary Restrictions and Follow-Up:

Based on these findings, we recommend the following dietary adjustments to manage your symptoms and prevent allergic reactions:

- Immediately eliminate [Specific Allergen] from your diet.
- Carefully read all food labels for hidden ingredients such as [Related Derivative].
- Inform restaurant staff of your [Specific Allergy] when dining out.

Next Steps:

We have scheduled a follow-up appointment for you on [Date] at [Time] to discuss a long-term management plan and, if necessary, provide a prescription for an emergency epinephrine injector (EpiPen).

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,

[Physician Name]

[Practice/Clinic Name]

[Phone Number]