

Drug Allergy Alert

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a formal notification regarding the patient's drug allergy status. Please ensure that this information is included in the patient's medical records.

Patient Information:

- Patient Name: [Insert Patient Name]
- Date of Birth: [Insert Date of Birth]
- Medical Record Number: [Insert Medical Record Number]

Allergy Information:

- Allergen: [Insert Name of Drug]
- Reaction: [Insert Type of Reaction]
- Date of Reaction: [Insert Date]

Please take this alert seriously and ensure that all healthcare professionals involved in the patient's care are aware of this allergy.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Organization]