

Allergy Test Results

Patient Name: [Patient Name]

Date of Test: [Date]

Patient ID: [Patient ID]

Test Results

Allergen	Reaction	Severity
[Allergen 1]	[Reaction 1]	[Severity 1]
[Allergen 2]	[Reaction 2]	[Severity 2]

Recommendations

[Recommendation details based on results]

Follow-Up

Please schedule a follow-up appointment to discuss your results in detail.

Sincerely,

[Doctor's Name]

[Practice Name]

[Contact Information]