

Allergy Test Results Summary

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Test Results

Allergen	Reaction Level
Peanuts	High
Tree Nuts	Moderate
Shellfish	Low
Dairy	None

Recommendations

- Avoid exposure to identified allergens.
- Consult with an allergist for further guidance.

If you have any questions regarding your results, please feel free to contact our office.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]