

# Notification of Allergy Therapy Modification

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of a modification to your allergy therapy plan.

After a thorough review of your treatment progress, we believe that a change is necessary to better address your specific allergy symptoms. Effective [Insert Effective Date], your new treatment plan will include:

- [Detail 1: New medication or dosage]
- [Detail 2: Additional therapies or lifestyle changes]
- [Detail 3: Follow-up appointments or tests]

Please ensure that you follow the new instructions closely. If you have any questions or need clarification, do not hesitate to reach out to our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this important matter. We wish you all the best in your ongoing treatment.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Your Contact Information]