

New Allergy Information Submission

Date: [Insert Date]

To: [Clinic Name]

Address: [Clinic Address]

Dear [Healthcare Provider's Name],

I am writing to submit new allergy information for my records at your clinic. Please update my medical file accordingly.

Patient Information

Name: [Patient Name]

Date of Birth: [Patient DOB]

Patient ID: [Patient ID]

Allergy Details

Allergen: [Insert Allergen]

Reaction: [Describe Reaction]

Date of Reaction: [Insert Date]

If you require any further information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]