

# Allergy Details Notification

Date: **[Insert Date]**

Patient Name: **[Patient Name]**

Patient ID: **[Patient ID]**

**Dear [Patient Name],**

This letter serves to inform you about your allergy details recorded in our system. According to your medical history, the following allergies have been noted:

- **Allergen:** [Allergen 1] - **Reaction:** [Reaction 1]
- **Allergen:** [Allergen 2] - **Reaction:** [Reaction 2]
- **Allergen:** [Allergen 3] - **Reaction:** [Reaction 3]

Please ensure that you avoid the above allergens to prevent any adverse reactions. If you have any questions or need further assistance, do not hesitate to contact our office.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]