

Allergy Status Change Notification

Date: [Insert Date]

To Whom It May Concern,

This letter is to inform you of a change in the allergy status of [Patient's Name], born on [DOB]. The previous allergy status recorded was [Previous Allergy Status], and it has now been updated to [New Allergy Status].

This change is effective as of [Effective Date]. Please ensure that all medical records are updated accordingly, and any necessary precautions are implemented in light of this change.

If you have any questions or require further information, please do not hesitate to contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]