

Important Allergy Information

Dear [Patient's Name],

We hope this letter finds you well. As part of our commitment to your health and safety, we want to ensure you are aware of your allergy information and how it may affect your treatment.

Allergy Details:

- Allergen: [Allergen Name]
- Reaction: [Description of Reaction]
- Date of Diagnosis: [Diagnosis Date]

Recommended Actions:

Please adhere to the following guidelines:

1. Avoid contact with [Allergen].
2. Always carry your emergency medication (e.g., EpiPen) if prescribed.
3. Inform all healthcare providers about your allergies before any treatment.

If you have any questions or need to update your allergy information, please contact our office at [Office Phone Number].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Practice/Clinic Name]

[Contact Information]