Patient Allergy History Update

Date: [Insert Date]

To Whom It May Concern,

I am writing to update the allergy history for my patient, [Patient Name], who was last seen on [Last Appointment Date]. Please find the updated information below:

Patient Details:

Name: [Patient Name]

Date of Birth: [Patient DOB]

Patient ID: [Patient ID]

Allergy History:

- **Allergen:** [Allergen Name] **Reaction:** [Reaction Description] **Date of Onset:** [Date]
- **Allergen:** [Allergen Name] **Reaction:** [Reaction Description] **Date of Onset:** [Date]
- **Allergen:** [Allergen Name] **Reaction:** [Reaction Description] **Date of Onset:** [Date]

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/Position]

[Your Medical Practice/Facility Name]