

Referral for Allergy Testing

Date: [Insert Date]

To: [Allergy Specialist's Name]

[Specialist's Office] [Address] [City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], for allergy testing due to recurrent symptoms suggestive of allergic reactions. The patient has experienced [briefly describe symptoms, e.g., nasal congestion, skin rashes, etc.] for the past [duration]. Despite initial management with [mention any treatments], the symptoms have persisted.

Given the patient's history and ongoing symptoms, I believe it is essential to evaluate for possible allergens through comprehensive testing. I have attached relevant medical records for your review.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require additional information.

Thank you for your assistance in this matter.

Sincerely,

[Your Name] [Your Title] [Your Practice Name] [Your Address] [City, State, Zip Code] [Your Phone Number] [Your Email Address]