

Allergy Awareness Communication

Date: [Insert Date]

To: [Insert Medical Personnel's Name]

From: [Insert Your Name]

Subject: Allergy Awareness Notification

Dear [Insert Medical Personnel's Name],

I am writing to inform you of important allergy information regarding [Patient's Name], who is under your care. The following allergies have been documented:

- Allergy to [Allergen 1] - [Severity, e.g., Mild, Moderate, Severe]
- Allergy to [Allergen 2] - [Severity]
- Other relevant allergies

Please ensure that all staff members interacting with [Patient's Name] are aware of these allergies to prevent any adverse reactions. It is crucial to review all medication and food options during their treatment to avoid exposure to these allergens.

If you have any questions or need further details, please do not hesitate to reach out to me at [Your Contact Information]. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Institution]