

Allergy Information Notification

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Name]

Patient ID: [Patient ID]

Subject: Allergy Information for [Patient's Name]

Dear [Healthcare Provider's Name],

I am writing to inform you of important allergy information regarding my patient, [Patient's Name].

Allergies:

- Allergy 1: [Description of Allergy, e.g., Penicillin]
- Allergy 2: [Description of Allergy, e.g., Latex]
- Allergy 3: [Description of Allergy, e.g., Shellfish]

Reaction Details:

[Brief description of the reactions experienced by the patient upon exposure to each allergen.]

It is crucial that this information is noted in the patient's medical records to prevent any adverse reactions in the future.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Title/Position]