

Allergy Profile Submission

Date: [Insert Date]

To: [Clinician's Name]

From: [Your Name]

Subject: Allergy Profile Submission

Dear [Clinician's Name],

I am writing to submit my allergy profile for your review and consideration. Below are the details of my known allergies:

Allergy Profile

- **Allergen:** [Allergen Name]
- **Reaction:** [Describe Reaction]
- **Severity:** [Mild, Moderate, Severe]
- **Last Occurrence:** [Date of Last Reaction]

Please let me know if you require any further information or additional tests for a comprehensive understanding of my allergy profile.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]