

Allergy Risk Communication

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Name]

Patient ID: [Patient ID]

Patient Name: [Patient Name]

Dear [Healthcare Provider's Name],

I am writing to inform you about a significant allergy risk associated with my patient, [Patient Name]. It is crucial to be aware of the following allergies that may impact their treatment and care:

- **Allergen:** [Allergen 1]
Reaction: [Describe reaction]
- **Allergen:** [Allergen 2]
Reaction: [Describe reaction]
- **Allergen:** [Allergen 3]
Reaction: [Describe reaction]

It is important to avoid any medications, foods, or treatments containing these allergens to prevent adverse reactions. Please ensure that my patient's records are updated to reflect this critical information.

Thank you for your attention to this matter. Should you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]