

Allergy Documentation Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Provider Name: [Insert Provider Name]

Facility Name: [Insert Facility Name]

Allergy Information

Allergen	Reaction	Severity	Date Noted
[Insert Allergen]	[Insert Reaction]	[Insert Severity]	[Insert Date]

Additional Notes

[Insert any additional notes regarding the patient's allergies.]

Provider Signature

[Insert Provider's Name and Credentials]