Allergy Information for Medical Records

Date: [Insert Date]

To Whom It May Concern,

I am writing to provide essential information regarding my allergies for my medical records.

Patient Information

Name: [Patient Name]

Date of Birth: [Patient DOB]

Medical Record Number: [MRN]

Allergy Information

- **Allergen:** [Allergen 1]
  Reaction: [Reaction Details]
  Severity: [Mild/Moderate/Severe]
- **Allergen:** [Allergen 2]
  Reaction: [Reaction Details]
  Severity: [Mild/Moderate/Severe]

Additional Comments

[Any additional information or instructions regarding allergies]

Thank you for keeping this information on file. Please do not hesitate to contact me if you require further details.

Sincerely,

[Patient Signature]
[Patient Name]
[Contact Information]