

# Referral for Allergy Testing Services

**Date:** [Insert Date]

**To:** [Allergy Testing Center Name]

**Address:** [Testing Center Address]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], for allergy testing services. [He/She/They] has been experiencing [briefly describe symptoms, e.g., recurrent sneezing, hives, etc.] for [duration] which suggests a possible allergic reaction.

After thorough examination and consideration, I believe that [his/her/their] symptoms may be addressed through comprehensive allergy testing. I recommend a full evaluation to determine the specific allergens contributing to [his/her/their] condition.

Please find attached [any relevant medical history or documents] that may assist in the evaluation process. Should you require any further information, feel free to reach out to my office at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter. I look forward to your prompt response regarding the scheduling of [Patient's Name] for testing.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice Name]

[Your Address]

[Your Phone Number]

[Your Email]