

Lab Test Referral Request for Allergy Testing

Date: [Insert Date]

To: [Name of the Lab or Specialist]

Address: [Lab or Specialist Address]

Phone: [Lab or Specialist Phone Number]

Dear [Name of the Lab or Specialist],

I am writing to request a referral for allergy testing for my patient, [Patient's Name], who has been experiencing symptoms consistent with allergies, including [brief description of symptoms].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Gender: [Patient's Gender]
- Insurance Information: [Patient's Insurance Details]

Relevant Medical History:

- [Brief summary of pertinent medical history]
- [Any previous allergy tests conducted]

I would appreciate your prompt attention to this referral, as the patient is eager to identify and manage their allergies effectively. If you need any further information or details, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice Name]

[Your Practice Address]

[Your Practice Phone Number]