

Allergy Test Referral

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for an allergy test due to [specific symptoms or conditions]. Following our evaluation, we believe that further testing is essential to identify potential allergens that may be affecting their quality of life.

Patient Information:

- Name: [Patient's Name]
- DOB: [Patient's Date of Birth]
- Contact Information: [Patient's Contact Information]

Reason for Referral:

- [Brief description of patient symptoms]
- [Any relevant medical history]

Please contact my office at [Your Phone Number] if you require any additional information or medical records to facilitate the testing process.

Thank you for your attention to this matter. I look forward to your timely response.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]