

Allergy Test Safety Precautions

Date: _____

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you of the safety precautions you should take before and during your upcoming allergy test scheduled on [Date of Test]. Your health and safety are our top priorities.

Before the Test:

- Inform us of any medications you are currently taking, including over-the-counter drugs.
- Avoid antihistamines for at least 48 hours prior to the test unless otherwise instructed.
- Do not apply lotions, creams, or perfumes to your skin on the day of the test.

During the Test:

- Notify the technician immediately if you feel any discomfort or unusual reactions.
- Stay calm and relax during the testing process; breathing exercises may help.
- Follow all verbal instructions from the medical staff carefully.

Should you have any questions or concerns about the allergy test or these precautions, please do not hesitate to reach out.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]