

# Allergy Testing Result Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Date of Birth: [Insert DOB]

Patient ID: [Insert Patient ID]

**Dear [Parent/Guardian's Name],**

We are writing to inform you of the results of the allergy testing that was conducted on [Insert Test Date]. The tests were performed to better understand the allergic sensitivities of your child.

## **Test Results Summary:**

- Allergen: [Allergen Name] - Result: [Positive/Negative]
- Allergen: [Allergen Name] - Result: [Positive/Negative]
- Allergen: [Allergen Name] - Result: [Positive/Negative]

Please review the results carefully. If there are any positive reactions, we recommend scheduling a follow-up appointment to discuss management strategies and treatment options.

## **Next Steps:**

To schedule an appointment, please contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Clinic Name]

[Clinic Address]