

Allergy Test Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert Patient ID]

Test Results Summary

Allergen	Test Result	Level
Milk	Positive	High
Eggs	Negative	N/A
Peanuts	Positive	Moderate

Recommendations

Based on your test results, it is recommended to avoid the following allergens:

- Milk
- Peanuts

If you have any questions or require further information, please schedule a consultation with your nutritionist.

Best Regards,

[Your Name]

[Your Title]

[Your Contact Information]