

Allergy Test Scheduling Confirmation

Dear [Patient's Name],

We are pleased to inform you that your allergy test has been successfully scheduled. Below are the details of your appointment:

- **Date:** [Scheduled Date]
- **Time:** [Scheduled Time]
- **Location:** [Clinic/Hospital Name and Address]

Please arrive 15 minutes prior to your appointment time and bring any necessary documents. If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]