

Allergy Information Update

Date: [Insert Date]

Dear [Medical Provider's Name],

I hope this message finds you well. I am writing to provide an update regarding my allergy information for your records.

Allergy Details:

- **Allergen:** [Insert Allergen Name]
- **Reaction:** [Insert Reaction Details]
- **Severity:** [Insert Severity Level]
- **Date of Reaction:** [Insert Date]

Additional Notes:

[Insert any additional notes or instructions related to the allergy]

If you have any questions or require further information, please do not hesitate to contact me.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Contact Information]