

Allergy Information Update

Date: [Insert Date]

To Whom It May Concern,

This letter serves to update the allergy information for [Full Name], who is currently under care at [Healthcare Provider/Facility Name]. The following allergies have been identified:

- **Allergen:** [Allergen Name] | **Reaction:** [Describe Reaction]
- **Allergen:** [Allergen Name] | **Reaction:** [Describe Reaction]
- **Allergen:** [Allergen Name] | **Reaction:** [Describe Reaction]

Please ensure that this updated allergy information is included in the personal health files for future reference. If there are any questions or if further information is needed, please feel free to contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]