

Allergy Blood Test

Patient Information:

Patient Name:

Date of Birth:

Gender:

Phone Number:

Known Allergies:

Medical Conditions:

Current Medications:

Date of Test:

Ordering Physician:

Reason for Testing:

Type of Allergy Blood Test:

Test:

List the specific allergens tested, and include the numerical results or specific IgE levels for each allergen.

Allergen	IgE Level (kU/L)

Interpretation of Results:

Treatment Recommendations:

Allergen Avoidance:

Prescription for allergy management:

Immunotherapy:

Follow-Up:

Healthcare Provider Signature: _____

Patient Signature: _____