

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

**RE: PENICILLIN ALLERGY TESTING – CONFIRMED NEGATIVE**

Attach Addressograph Here

Your client was recently admitted to Vancouver General Hospital and underwent elective *Penicillin Allergy Testing* in consultation with an allergist.

**Oral Amoxicillin Challenge performed on (DD/MM/YYYY):** \_\_\_\_\_

**Responsible Allergist Physician (or Delegated Provider):** \_\_\_\_\_

**ORAL AMOXICILLIN CHALLENGE TEST RESULT: NEGATIVE**

Based on this result, the risk of a hypersensitivity reaction to penicillin antibiotics is low and would be similar to those without any history of penicillin allergy.

Your client is NOT allergic to penicillin, and may receive penicillin antibiotics to treat future infections.

Please update your medical records accordingly.

Your client has been asked to monitor for any delayed rashes or reactions over the next several days. If a rash or reaction occur, they have been advised to contact you.

If you have any questions, you may reach me at: \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
College ID

