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PENICILLIN ALLERGY TEST – REACTION CONFIRMED

Dear Dr XXXXXXXXXXXXXX,

Your patient XXXXXXXXX XXXXXXXXXXX underwent assessment of their penicillin allergy label during a recent hospital attendance.

After review of their history, and discussion of the risk and benefits, a supervised oral challenge was performed. A dose of 500mg of **amoxicillin / flucloxacillin** was administered on **[date]**.

**There was evidence of an allergic reaction,** as detailed below:

Please record this description and date of observation in their medical record as confirmation of their allergy status. Please also ensure their allergy status is clearly documented in all future correspondence/records.

The patient has been informed that they **should not take penicillin based antibiotics** in future. Examples of these antibiotics include phenoxymethylpenicillin (penicillin V), amoxicillin, flucloxacillin and co-amoxiclav (Augmentin). A copy of the information which your patient has received after the test is included with this letter.

Thanks and best wishes

Name/Grade

Enquiries/Contact: