*<Insert facility/Local Health District/Specialty Health Network letterhead>*

*<Date>*

Dear Dr *<general practitioner name>*

**Re:** *<Patient name; DOB>* **- removal of antibiotic allergy label following assessment/direct oral rechallenge** *(delete where not applicable)*

During the recent admission of *<patient name>* to *<insert facility/Local Health District/Specialty Health Network>*, his/her *<antibiotic agent/class>* allergy label was removed. The history was of *<describe reaction>* following the use of *<antibiotic agent>.*

*If allergy assessment was performed only – use paragraph A and delete paragraph B*

*If direct oral rechallenge was performed – use paragraph B and delete paragraph A*

**Paragraph A**

*<Patient name>* underwent an antibiotic allergy assessment and was deemed appropriate for de-labelling as no allergic reaction was noted from the assessment. The *<antibiotic agent/class>* allergy label for *<patient name>* has been removed from the *<Insert facility/Local Health District/Specialty Health Network>* hospital record, with the patient’s consent. Completed assessment forms attached for your records [attach forms].

**Paragraph B**

*<Patient name>* underwent an antibiotic allergy assessment and was deemed appropriate for a direct oral rechallenge. The direct oral rechallenge with *<antibiotic agent>* demonstrated no allergic reaction and the *<antibiotic agent/class>* allergy label for *<patient name>* has been removed from the *<Insert facility/Local Health District/Specialty Health Network>* hospital record, with the patient’s consent. Completed assessment forms attached for your records [attach forms].

*<Patient name>* has been informed regarding the nature of theirantibiotic reaction and have been advised that in future, *<antibiotic agent>* can be taken safely.

***Please update your medical records for*** *<patient name>* ***accordingly.***

Yours sincerely

 *<Name>*

*<Position>*

*<Hospital>*