Appendix 9. Template letter for GP/community pharmacy/other healthcare providers

PENICILLIN ALLERGY DE-LABELLING

Patient name:

Patient date of birth:

Patient hospital or NHS number:

Dear XXXXXXXXXX

The person named above underwent assessment of their penicillin allergy label during a recent XXXXXXXX (input health service attended i.e. clinic) attendance.

After a thorough review of their penicillin allergy history, we can advise you that:

There is no evidence to support a "penicillin allergy" label.

This has been discussed with the person who understands they will be able to take penicillin antibiotics in the future if required.

This information should be shared with other healthcare providers including their regular GP, community pharmacy and dentist if possible, so they can provide the most appropriate care in the future.

Best wishes,

Insert name and job title

Enquiries contact: *insert details*