

Penicillin Allergy Test : PATIENT RESULTS CARD

Name: _____

Date: _____

On the above date, I received a penicillin allergy skin test and the results were:

- Negative
- Positive
- Ambiguous*
- Received oral challenge or beta-lactam therapy

**Consult physician for further details.*

Contact your healthcare provider for additional information.

Physician: _____