



INSTRUCTIONS FOR ALLERGY TESTING

Your appointment for allergy testing has been scheduled for: _____ at _____.

DO NOT TAKE ANY ANTIHISTAMINES FOR 72 HOURS PRIOR TO TESTING. This includes prescriptions such as Allegra, Claritin, and Zyrtec as well as over the counter antihistamines. Over the counter antihistamines are found in prescriptions such as cold tablets, cough syrups, and sleeping aides. See list of examples on attached sheet.

Please make us aware of any medications you are taking. You cannot be tested or treated if you are taking beta blockers. Beta blockers are often prescribed for hypertension, cardiac problems, migraines, and eye problems. **DO NOT** stop these medications until you have discussed the issue with the ordering physician. You will be given an allergy questionnaire to complete and return on the day you are tested. Please take time to fill out as best you can.

Wear comfortable clothing with short sleeves as the testing is done on the arms. Do not apply any lotions or wear any perfume the day of testing.

If you are under the age of 18, an adult MUST accompany you.

If your health insurance requires a referral form from your primary physician, it must be presented at the time of service or received in our office prior to the appointment.

If you cannot keep your appointment time for any reason, please call the office at least **24 hours** prior to the appointment. This is a courtesy to other patients as well as our office staff.

If you have any questions before your appointment, please do not hesitate to contact us at any time.

Antihistamines

To be held before allergy appointments or skin testing.

<ul style="list-style-type: none"> • Actifed • Advil Cold, Flu, or PM preparations • Alka-Seltzer • Allegra • Allerx • Antivert • Astelin • Astepro • Atarax • Atrohist • Benadryl • Bromfed • Cerose DM • Ceterizine • Chloropenamine • Chlor-Trimaton • Claritin • Clarinex • Codimal • Comtrex • Coricidin • Cyroheptadine • Dimetane • Dramamine • Dura-Vent/DA • Dymista • Extenadryl • Efidac/24 	<ul style="list-style-type: none"> • Fedahist • Fexofenadine • Hydroxyzine • Hycomine • Kronofed • Levoceterizine • Loratadine • Motrin Allergy, Cold & Flu, or PM preparations • Mucinex Allergy • Naldacon • Nolahist • Nolamine • Novafed • Nyquil • Ornade • Palgic • Pataday (eye drops) • Patanase • Patanol (eye drops) • Pediacare Cough-Cold • Periactin • Phenergen • Promethazine • Robitussin Night-Time, Cold, or Cough & Cold preparations • Rondec 	<ul style="list-style-type: none"> • Ryna Liquid • Rynatan • Semprex • Sine-Off • Sinutab Sinus Allergy • Sudafed Cold & Allergy, PE Severe Cold, Sinus & Allergy, or Nighttime preparations • Tagament • Tannafed • Tavist • Teldrin • Theraflu • Triaminic • Triaminicin • Tritann • Tussend • Tussi-12D • Tussicaps • Tussionex • Tylenol Allergy, Cold, Flu, or PM preparations • Vicks Formula 44 Cough & Cold or Flu • Vistaril • Xyzal • Zantac • Zyrtec
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Over-the-counter Medication

Wording that indicates medicine which may contain an antihistamine

- Allergy
- Cold
- Flu

Prescription Medication

There are many generics for the above medications. If you were prescribed an oral medication for cough or allergies that is not listed on the above list, please call our office (610-874-5366) to check to see if the medication will interfere with your test.