



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, Xyzal, 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 aids. See list of examples on back of sheet. **If you take more than one antihistamine, please call the office for additional instructions.**

If you cannot keep your appointment time for any reason, please call the office at least 48 hours prior to the scheduled time. This is a courtesy to other patients as well as our office staff.

Due to extended appointment times, and in accordance with our Financial Policy, there is a strict cancellation policy in effect of a \$75 fee for missed or cancelled appointments without 24 hours notice.

Please make us aware of any medications you are taking. **You cannot be skin tested if you are taking a Beta Blockers.** Beta Blockers are often prescribed for hypertension, cardiac problems, migraines, and eye problems. Examples include: Metoprolol, Propranolol, Carvedilol, etc. DO NOT stop these medications, but call our office for further instructions.

It is important that you complete all allergy questionnaires prior to coming in for testing. If you were not given or misplaced forms, they are available on our website. If you are having food testing make sure you complete diet diary and food questionnaire. Please bring all forms to your testing appointment.

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

If you are under the age of 18, a parent **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 are more than 10 minutes late for your scheduled time you may be asked to reschedule.

Please do not hesitate to contact us at any time if you have any questions before your appointment.

Antihistamines

To be held **72 HOURS** 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 · Azelastine · Benadryl · Bromfed · Brompheniramine · Cerose DM · Ceterizine · Chloropheniramine · Chlor-Trimeton · Claritin · Clarinex · Codimal · Comtrex · Coricidin · Cyproheptadine · Comtrex · Desloratadine · Diphenhydramine · Dimetane · Doxylamine · Dramamine · Dura-Vent/DA 	<ul style="list-style-type: none"> · Dymista · Extenadryl · Efidac/24 · Fedahist · Fexofenadine · Hydroxyzine · Hycomine · Kronofed · Levoceterizine · Loratadine · Meclizine · Motrin Allergy, Cold & Flu, or PM · Mucinex Allergy · Naldacon · Nolahist · Nalamine · 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 · Unisom · 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.