

Dear Patient:

Welcome to our office. The enclosed information is being mailed to you prior to your office appointment to familiarize you with our office procedures. Any questions or concerns regarding this information should be directed to our knowledgeable office staff.

Prior to an allergy workup, the patient needs to follow the instructions below:

1. Allow 4-5 hours for complete allergy workup with subsequent review of results and recommendations.
2. **If the patient is less than 18 years old and not coming with his/her guardian, please make sure that a letter stating that the accompanying adult is allowed to give consent for all procedures, testing, and receipt of medical information.**
3. Wear short sleeves, as the allergy testing is done primarily on the arms.
4. Please do NOT wear any SCENTED products into our office. Other patients may have breathing issues.
5. The patient should eat a good breakfast or lunch – no food restrictions.
6. The patient should not take any antihistamines or decongestants for 72 hours prior to your scheduled testing. Please continue ALL asthma medications, including inhalers and Singulair (montelukast). See below for other medications to avoid.

**AVOID FOR 3 DAYS BEFORE SKIN TESTING (antihistamines, decongestants, & anti-acids)**

Allegra (fexofenadine)	Coricidin
Clarinx (desloratadine)	Astelin/Astepro (azelastine)
Claritin (loratadine)	Dymista (fluticasone/azelastine)
Xyzal (levocetirizine)	Patanase (olopatadine)
Zyrtec (cetirizine)	Axid (nizatidine)
Benadryl (diphenhydramine)	Pepcid (famotidine)
Bromfed (brompheniramine)	Tagamet (cimetidine)
Chlortrimeton (chlorpheniramine)	Zantac (ranitidine)
Dayquil/Nyquil	

**AVOID FOR 2 WEEKS BEFORE SKIN TESTING**

Atarax (hydroxyzine)	Periactin (cyproheptadine)
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**OK TO CONTINUE TAKING (all inhalers, proton pump inhibitors, eye drops, & steroids)**

Aciphex (rabeprazole)	ProAir HFA (albuterol)	Flonase (fluticasone)
Dexilant (dexlansoprazole)	Proventil HFA (albuterol)	Nasacort (triamcinolone)
Nexium (esomeprazole)	Ventolin HFA (albuterol)	Nasonex (mometasone)
Prevacid (lansoprazole)	Xopenex HFA (levalbuterol)	Omnaris (ciclesonide)
Prilosec (omeprazole)	Theophylline	Qnasl (beclomethasone)
Protonix (pantoprazole)		Rhinocort (budesonide)
Medrol (methylprednisolone)	Mucinex (guaifenesin)	Veramyst (fluticasone)
Prednisone		Zetonna (ciclesonide)
Prednisolone	Accolade (zafirlukast)	
Dexamethasone	Singulair (montelukast)	

Please bring your insurance card and photo ID with you. We advise you to contact your insurance company with any questions about your coverage prior to your visit.

Please determine:

Maximum number of percutaneous testing (CPT Procedure code: 95004): \_\_\_\_\_

Maximum number of intradermal testing (CPT Procedure code: 95024): \_\_\_\_\_

Coverage for allergy serum/allergy shots (CPT Procedure code 95165): YES NO

You should also determine if you have a deductible and/or co-insurance. Any balance after insurance will be your responsibility. If your insurance company requires a referral, please contact your PCP as soon as you have made your appointment. Please call our office a few days before your appointment to see if your referral is here. If we do not have your referral, we will have to reschedule your appointment.

If you should need to cancel your appointment, please call our office at least 24 hours in advance to avoid a cancellation/no show fee of \$25.00.

Please complete the enclosed forms and bring them with you at the time of your appointment, along with your co-pay and payment towards your advance deductible. These must be paid at the time of your appointment.

Thank you for taking the time to acquaint yourself with our office. We look forward to seeing you very soon.

Sincerely yours,

Mary Lin, M.S., M.I.S.  
Office Manager