Information on Skin Testing
*Please review 1 week prior to testing*

Your Doctor has ordered an allergy test for you. Your appointment has been made for:

___________________________________ at ________________________AM/PM at our
(date) (time)

Foulkstone / Limestone / Glasgow/Middletown _____ office.

Please be aware that if you fail to arrive for your appointment without notifying our office, or if you cancel your appointment the day of your scheduled testing, you will be charged a $40.00 cancelation fee.

Skin tests are a method of testing for allergic reactions to substances, or allergens, in the environment. Our practice utilizes a test that involves no needles! We use a prick method which involves a series of small plastic applicators that carry a specific antigen which is placed on your arms. The types of allergens we test for include weeds, trees, grasses, molds, animal dander, dust mites and some foods.

The testing will take 45 minutes. Please remember to wear comfortable clothing with short sleeves.

Reactions can consist of itchy eyes, nose or throat, nasal congestion, runny nose, tightness in the throat or chest, wheezing, lightheadedness, hives or anaphylactic shock. Although this is very rare, our staff is fully prepared with emergency equipment and a physician is always on site.

To ensure accurate testing results, certain medicines should be stopped 5 days prior to testing, although you should not stop medicines without talking to your prescribing physician.

Medications that interfere with testing include but are not limited to:

**Antihistamines** are medicines used to treat allergies, nausea, and dizziness. Many are found in over the counter cold medicines. **They include, but are not limited to:**

- ALAVER / CLARITIN (LORATIDINE)
- ALLEGRA/MUCINEX ALLERGY (FEXOFENADINE)
- ASTELIN/ASTEPRO (AZELASTINE)
- BENADRYL (DIPHENHYDRAMINE)
- CLARINEX (DESLORATIDINE)
- DYMISTA (AZELASTINE&FLUTICASONE)
- DRAMAMINE (DIMENHYDRINATE)
- PATANASE (OLOPATADINE)
- VISTARIL / ATARAX (HYDROXYZINE)
- ZYRTEC (CETIRIZINE)
- PATADAY (OLOPATADINE HYDROCHLORIDE)

*FLUTICASONE, ZETONNA & SUDAFED DO NOT NEED TO BE STOPPED*
Herbal Supplements:

FEVERFEW    SAW PALMETTO
GREEN TEA    ST JOHNS WORT
LICORICE

**Anti-IgE injection:** XOLAIR (OMALIZUMAB)- last injection must be 6 months prior to skin testing

**Tricyclic Antidepressants (TCAs)** are medicines prescribed for depression, headaches, facial pain, and other causes. **They include, but are not limited to:**

- AMINEPTINE(SURVECTOR,MANEON,DIRECTIM)
- AMITRIPTYLINE (ELAVIL, ENDAP, ETRAFA, LIMBITROL, LAROXYL, TRYPTIZOL, VANATRIP, AMITRIPTYLINOXIDE (AMIOXID, AMBIVALON)
- AMOXAMPINE (ASENDIN)
- BUTRIPTYLINE (EVADYNE)
- CLOMIPRAMINE (ANAFRANIL)
- DEMEXIPTILINE (DEPARON, TINORAN)
- DESIPRAMINE (NORPRAMIN,PERTOFRANE)
- DIBENZEPIN (NOVERIL, VICTORIL)
- DIMETACRINE (ISTONIL,ISTONYL,MIROISTONIL)
- DOSULEPIN / DOTHIEPIN (PROTHIADEN)
- DOXEPIN (ADAPIN, SINEQUAN,ZONALON)
- IMIPRAMINE (TOFRANIL, JANIMINE, PRAVINIL)
- IMIPRAMINOXIDE (IMIPREX, ELEPSIN)
- IPRINDOLE (PRONDOL, GALATUR,TETRAN)
- LOFEPRAMINE (LAMONT, GAMANIL)

**Benzodiazepines & Atypical Antidepressants/Sedatives** are medicines prescribed for anxiety, bipolar disorders, insomnia, depression, seizures and other causes. **They include, but are not limited to:**

- ATIVAN(LORAZEPAM)
- AMBIEN(ZOLPIDEM)
- KلونOPIN(CLONZEPAM)
- LUNESTA(ESZOPICLONE)
- OLEPTRO(TRAZADONE)
- XANAX(ALPRAZOLAM)

- REMERON(MIRTAZAPINE)
- SEROQUEL(QUETIAPINE)
- VALIUM(DIAZEPAM)
- VERSED(MIDAZOLAM)
- WELLBUTRIN(BUPROPION)
*Beta-blockers* are medicines prescribed for high blood pressure or heart conditions, or for control of migraines, glaucoma, and tremors. They include, but are not limited to:

- BETAGAN (LEVBUONOLOL)
- BETOPTIC (BETAXOLOL)
- BREVILOC INJ. (ESMOLOL)
- COREG (CARVEDILOL)
- CORGARD (NADOLOL)
- INDERAL / INDERIDE (PROPRANOLOL)
- INDERAL / INDERIDE (NADOLOL)
- LOPRESSOR (METOPROLOL)
- OCUPRESS/CARTOL FILMTAB (CARTEOLOL)
- OPTIPRANOLOL (METIPRANOLOL)
- SECTRAL (ACEBUTOLOL)
- SORINE (SOTALOL)
- TENORETIC / TENORMIN (ATENOLOL)
- TIMOLIDE/BETIMOL/COSOPT/TIMOPTIC (TIMOLOL)
- TOPROL (METOPROLOL)
- TRANDATE/NORMODONE (LABETALOL)
- VISKEN (PINDOLOL)
- ZEBETA (BISOPROLOL)
- ZIAC (BISOPROLOL)

If you are taking Beta-blockers, it is your responsibility to inform us and to talk with the doctor who prescribed that medication. If there are good alternatives available, the Beta-blocker can be changed by your doctor. Changes in your allergy treatment may also be recommended. It is recommended that Beta-blockers be stopped 2 days prior to testing and resumed 8 hours after testing. **Abrupt discontinuation can result in damage to your heart. It is unsafe to stop taking these medications without specific instructions from your doctor.**

It is important that you call your insurance company and verify coverage for allergy testing.

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

The referral must specify “Allergy Testing, Treatment, and Serum”

*If the testing is not covered under your insurance plan, the fee for this procedure $250 for inhalants and $200 for foods.*

Please notify us at least two working days in advance if you will be unable to keep your appointment, so that we can give that time to another patient who is waiting for skin testing.

For those patients who test positive and are interested in beginning either sublingual (under the tongue) or parenteral (shots) immunotherapy, the staff will be happy to provide you with further information.

**Continuing communication is vital to effective, safe, and successful allergy treatment. While we require that you see our physicians on a regular basis, if your medical condition changes, or if your medicines are changed, do not wait for a routine appointment, but discuss any changes with our Allergy Department so that your records may be updated.**
Have you recently experienced a recurrent or chronic cough?  
Yes  No

Have you ever been diagnosed with asthma?  
Yes  No

Have you ever been diagnosed with COPD?  
Yes  No

Do you ever get short of breath easily?  
Yes  No

Are you currently on any inhalers such as Flovent, Pulmicort, Albuterol, Proventil, Combivent?  
Yes  No

Are you concerned that you may have asthma or any other lung/breathing issues?  
Yes  No

If you answered yes to any of these questions, you will be scheduled for baseline Pulmonary Function Testing (PFT) prior to allergy skin testing unless you have undergone such testing within the past year. If you have, please let our staff know where it was performed, so that we may obtain a copy of the results and place them in your records. If you use a rescue inhaler, you should discontinue use 6 hours prior to testing and bring it to your appointment. If you are having any symptoms within 6 hours of testing, you should use your inhaler and reschedule your appointment.

By signing below I acknowledge that I have received the packet titled “information on skin testing” and understand what medicines I do or do not need to discontinue prior to testing. Additionally, I have taken the above Pulmonary Function Test questionnaire and understand that if I answered yes to any questions I will be scheduled for a PFT prior to skin testing.

____________________________________  ______________________________________
Patient Name/DOB  Patient Signature

__________________________________  _________________________________
Witness  Date