

Clarity ENT
Allergy Testing Information Packet

Patient Name _____ **Date Completed** _____

Allergy Test Date _____ **Time** _____

Please read the following information so that your visit goes as smoothly as possible and all of your questions and concerns are addressed. Complete this packet prior to your allergy testing visit and bring it with you to your appointment. Please arrive 10 to 15 minutes early for your testing and allow 1 to 2 hours for your visit. Allergy testing involves **skin prick** testing on the lower arms for the first part and allergens are **injected** into the upper arms for the second part. You should wear a loose, comfortable, short-sleeved or sleeveless shirt that allows easy access to your upper arms. We advise parents not to bring other children because of the amount of time involved. If the appointment is for your child, try to bring only that child if possible. Please provide us at least 24 hours notice for cancellations.

Do not take any antihistamines or other medications that might interfere with the skin testing for 4 (four) days prior to the testing. Do not stop any asthma inhalers without speaking to your prescribing physician or provider. These typically do not interfere with skin testing. If you have an inhaler, please bring it with you to your appointment. Please refer to the medication list on the next page for more details. Your appointment will need to be rescheduled if you do not stop antihistamines 4 days prior to your appointment. If you are not sure whether or not you are taking an antihistamine, or if you think you cannot stop taking your antihistamines, please call our office prior to your appointment at 267-865-0005. As a courtesy, we will text you the Friday before your testing visit to remind you to stop all antihistamines.

We recommend contacting your insurance in regards to allergy testing, allergy serum and injections to find out what your coverage is and what your financial responsibility may be. The CPT codes billed for allergy testing are 95004 and 95024. The codes for allergy shots are 95165 and 95117. Any applicable copay, deductible and/or coinsurance will be billed to you. If your insurance requires a referral, please contact your PCP for a referral at least 72 hours prior to your appointment. They will need our group NPI# 1396420154, CPT code 99499 and diagnosis code Z04.9. If a referral is required but not obtained then your appointment will need to be rescheduled.

What to bring the day of your testing: A completed Allergy Testing Consent and Information Packet, insurance card, any applicable copay, your asthma inhaler and/or epi-pen if you have them, a complete list of all your current medications, including prescription and over the counter medications, as well as any lab results, previous skin test results and pertinent old records.

Questions or concerns? Please contact our office at 267-865-0005.

We look forward to seeing you for your testing.

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Medication Guidelines Before Allergy Skin Test

Please review the list of medications below for any medications you are currently taking. Some medicines are contraindicated in allergy skin testing and you must alert our staff if you are taking one of them. The list is a guide only and not meant to be complete.

****Medications you must AVOID for 4 DAYS prior to skin testing****

Loratadine (Claritin)	Chlorpheniramine (Chlor-Trimeton)
Cetirizine (Zyrtec)	Promethazine (Phenergan)
Fexofenadine (Allegra)	Clemastine (Tavist)
Desloratadine (Clarinex)	Meclizine (Antivert)
Levocetirizine (Xyzal)	Azelastine (Astelin) Nasal Spray
Diphenhydramine (Benadryl)	Astepro Nasal Spray
Hydroxyzine (Atarax, Vistaril)	Olopatadine (Patanol, Pataday) Nasal Spray
Doxylamine (Unisom)	Ryaltris Nasal Spray

***All Cold and Flu medications such as Tylenol Cold & Flu**

***Over the counter medications with “PM” in the name such as Tylenol PM or Advil PM**

*****Medications you may CONTINUE for skin testing*****

Asthma inhalers (all types are okay)
Mucinex (guaifenesin)
Nasal decongestant spray (Afrin)
Nasal steroid sprays (Flonase, Nasonex, Nasacort, Rhinocort, Veramyst, Omnaris, Qnasl)
Ipratropium Bromide Nasal Spray
Oral steroids and steroid creams (prednisone, prednisolone, methylprednisolone, hydrocortisone)
Proton Pump Inhibitors for heartburn (esomeprazole, omeprazole, pantoprazole)
H2 Blockers for heartburn (famotidine/pepcid, cimetidine/tagamet)
Singulair (montelukast)
Sudafed (pseudoephedrine or phenylephrine)

!!!DO NOT STOP ASTHMA MEDICATIONS OR INHALERS!!!

*****If you take any of the following beta-blocker medicines to treat your heart or high blood pressure, please notify us. We may need to take extra caution and complete your testing over two separate office visits.**

Metoprolol/Toprol/Lopressor	Carvedilol/Coreg
Propranolol/Inderal	Nadolol/Corgard
Atenolol/Tenormin	Labetalol (Trandate, Normodyne)

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Informed Consent for Allergy Testing

Your doctor or provider has determined that skin testing of common inhaled allergens (allergic triggers) will be helpful in treatment of your sinus, nasal, throat or ear symptoms. Tree, grass and weed pollens common to our region will be tested, in addition to a wide variety of mold spores and household irritants like dust mites and pet dander. If suspected, food allergies are evaluated as well.

Why Test for Allergies? Testing allows us to determine how likely it is that inhaled allergens play a role in your symptoms. Some conditions like non-allergic rhinitis, food allergy, infection or gastric reflux may produce symptoms identical to allergic rhinitis and can be difficult to distinguish without testing. Another important reason for testing is identification of your specific allergic triggers. Testing is also the first step in formulating an alternative therapy to traditional allergy medications called immunotherapy, which may offer effective long-term suppression of allergic disease.

How is Skin Testing Performed? Skin testing is done in *two steps*, each of which uses different techniques. The first step is called the *initial skin prick* test and involves the application of Multi-Test devices to both lower arms. The devices have no needles and do not break the skin. The allergens are placed on the skin as well as small amounts of histamine to make sure your skin can produce a normal, visible skin reaction. Skin reactions are measured after 15-20 minutes. Itching, redness, and wheals (small, itchy lumps) indicate sensitivity to a particular allergen or a normal response to histamine. If no response is seen to histamine, the test cannot be interpreted and your insurance will not be billed. The most common reason for lack of histamine response is use of antihistamines or medications that block the normal histamine response. The second step to skin testing is MQT Testing. We *inject* different strengths of allergens on the upper portion of the arm. This allows us to figure out precisely your degree of sensitivity to an allergen that produced a skin reaction on the prick test. This is like the skin test for Tuberculosis, called a PPD test. We then measure the skin reaction to each of the allergens in 10 minutes.

Are there Any Side Effects to Skin Testing? Skin Testing is not painful and usually well tolerated other than itching and redness. We will provide a soothing cream for your arm after the test. Occasionally, large responses may take a few hours to clear. Let us know if a delayed reaction occurs (a wheal that develops after 2-3 days where one was not seen before). Wheezing, cough and flaring of allergy symptoms are possible with testing, especially if large skin reactions were seen. Rare risks include rash, allergic reaction, diarrhea, headache, swollen arm, asthma attack, or a life threatening airway emergency.

Alternatives to this allergy testing: Blood testing, medical treatment, avoidance of offending substances.

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I understand that the physician, medical personnel or other assistant will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment for the patient's condition in recommending the procedure, which has been explained. I understand that the practice of medicine is not an exact science and that no guarantees or assurances have been made to me concerning the results of this procedure.

By signing below, I acknowledge that I have read the above information and I voluntarily consent to allergy testing as described above. I consent to treatment of any reactions that may arise.

Name of Patient (Please Print)

Patient Signature

Date

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian Signature

Date