

Patient Name: _____

Appointment Date: _____

Appointment Time: ____:____ AM / PM

ALLERGY TEST GUIDELINES

The allergy skin prick test is the most common, non-invasive test used to identify common inhalant allergens (i.e. dander, dust mites, cockroaches, mold and pollen) to which you may be sensitive.



Please allow for at least 1 hour when you come in for allergy testing. This will allow sufficient time for the allergy test, followed by a review of your medical history, allergy test results, and treatment options.



Please wear short sleeves, or loose fitting sleeves, as the allergy test is performed on the arms.



Please inform your Provider or Clinical Allergy Specialist if you are pregnant, trying to become pregnant, or have asthma.

MEDICATION GUIDELINES

In order to obtain valid and useful allergy skin test results, certain medications must be withheld. Please review all medications with the Provider or Clinical Allergy Specialist when you schedule your allergy test and consult with your physician prior to discontinuing any medication. **You may resume all of your medications after you have completed the allergy skin test.**



If you are taking a beta blocker for high blood pressure, irregular heart rhythm (arrhythmia), chest pain (angina) or other medical condition, discuss discontinuing with your provider.

Discontinue taking the following medications 7 days prior to allergy test:

Alavert (Loratadine)	Dymista nasal spray
Allegra (Fexofenadine)	Tavist/Tavist II
Astelin (Azelastine)	Xyzal (levocetirizine)
Clarinex(Desloratadine)	Zyrtec (Cetirizine)
Claritin (Loratadine)	

Discontinue taking the following medications 3 days prior to allergy test:

Actifed	NyQuil
Aller-Chlor (Chlopheniramine)	Nytol
Axid	OTC Sleeping Medications
Benadryl (Diphenhydramine)	Pepcid (Famotidine)
Chlor-Trimeton	Phenergan (Promethazine)
Cold and flu medications	Tagamet (Cimetidine)
Contact 12 Hour (Clemastine)	Tavist
Dimetapp	Tylenol PM
Dramamine (Dimenhydrinate)	Zantac (Ranitidine)
Excedrin PM	

Continue taking the following medications:

Intranasal allergy sprays – Flonase, Rhinocort, Nasonex or Nasacort	Medications for other medical conditions – asthma, diabetes, heart disease or arthritis
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CAS Name: _____

Phone Number: _____