INSTRUCTIONS FOR ALLERGY SKIN TESTING/INTRADERMALS/ANTI-BIOTICS

Please DISCONTINUE the following medications prior to your testing

7 Days: **Hydroxyzine (Atarax) (Vistoril) Remeron**
                         Zyrtec (Ceterizine) Xyzal (Levoceterizine)
                         Sinequan   Doxepin

5 Days: **Allegra (Fexofenadine)**
                         Astelin / Astepro
                         Benadryl (Diphenhydramine)
                         Claritin/Clarinex (Loratadine/ Desloratadine)
                         Patanase

****AND ALL OTHER ANTIHISTAMINES PRESCRIBED OR OVER THE COUNTER INCLUDING SLEEP MEDICATIONS****(this includes: Tylenol PM, certain Sudafed Allergy, certain Visine products, certain cough medicines, Nyquil, Nortriptyline (Pamelor), Sinequan, Trazodone, and Amitriptyline)

**** If you are taking any other medications, check with the office staff or your pharmacist to see if it is necessary to discontinue their use prior to the Skin Testing. ****

**** If you are taking a Beta Blocker or any medication with a Beta blocker please inform us of your medications **** - *meds ending in -olol*

Your Skin Testing/ID Testing is scheduled _____ at _____

PT SIGNATURE _____

Please feel free to call if you have any questions (727) 819-1610

***If you are scheduled to have a Bone Density Test please refrain from wearing any of the following: Belts, buckles, zippers or metal of any kind from the waist down. Please stop Calcium pills 24 hours prior to test.

"PROCEDURE NO SHOW APPOINTMENT POLICY"

Kratz Allergy, Asthma, and Immunology is pleased that you have selected us to assist in your medical care- but missing scheduled procedure appointments jeopardizes optimal care outcomes.

So this doesn't occur we have adopted the following policy:

❖ *If you do not cancel your procedure 24 hours prior or you do not show for your procedure you will incur a minimum fee of $25 per procedure that you are scheduled for in any 24 hour period. A copy of this procedure will be furnished to the patient and a copy kept in their chart.*

Your good health and well being is our goal, a physician and patient partnership is the best way to achieve this.

THANK YOU FOR BEING OUR CUSTOMER
KRATZ ALLERGY

PRINT PT NAME _____

PT. SIGNATURE _____