

Patient Instructions for Allergy Testing

Yoon Nofsinger, M.D.

3450 East Fletcher Avenue, Tampa, FL 33613, (813) 972-3353

1. If you are scheduled for skin testing, please wear a sleeveless shirt since testing is performed on the arms and sometimes on the back. If you are having an oral challenge test, please do not eat anything at least 1 hour prior to testing.
2. **Do not take antihistamines for 7 days and antidepressants for 14 days prior to testing date. See attached list of medications. Please be careful with over the counter sinus and allergy medications.** Contact your prescribing physician first before discontinuing any antidepressants.
3. Notify allergy assistant if you have taken oral steroids within the last four weeks. You should not use any steroid cream on the arms or back prior to testing.
5. You may not undergo allergy testing if you are pregnant.
7. You MAY undergo allergy testing if you currently take a Beta Blocker. Please be aware that you will not be able to receive allergy shots if you are on a Beta Blocker, but you may receive allergy drop therapy. Please contact your prescribing physician to see if it is possible to change your medication.
8. You may not undergo allergy testing or treatment if you are taking a MAO Inhibitor, which are typically prescribed for Parkinson's and depression (Marplan, Nardil, Parnate and Eldepryl).
8. **Please note that you must call us at least 4 days prior to testing date to reschedule your appointment or you will be charged a \$50 no show fee.**
9. You may use Singulair, nasal steroid sprays (Flonase, Nasonex, Nasacort, Rhinocort), Cromolyn Sodium, oral decongestants without antihistamines (Sudafed), or topical nasal decongestants (Afrin). If your allergy symptoms are still unmanageable, please use the attached prescription for Prednisone.
10. Other information: Following allergy testing, you may take an antihistamine to control symptoms exacerbated by testing. Hydrocortisone cream may also help relieve itching. For persons with hairy upper arms, please shave this area the day before. Please avoid vigorous exercise and do not eat any suspected allergic foods on the day of testing. Review the attached list of medications, including herbal supplements, which should be avoided prior to allergy testing.
12. **The day following allergy testing, please call back and let us know about any delayed reactions. The allergy nurse will instruct you on how to do this.**

List of Beta Blockers: pills and eye drops

BRAND	GENERIC
BETAPACE	SOTALOL
BETIMOL	TIMOLOL
BETOPTIC	BETAXOLOL
BLOCARDEN	TIMOLOL MALEATE
BREVIBLOC	ESMOLOL
CARTEOLOL	OCUPRESS
CARTROL	CARTEOLOL
CORGARD	NADOLOL
CORZIDE	NADOLO /BENDROFLUMETHIAZIDE
INDERAL	PROPRANOLOL
INDERIDE	PROPRANOLOL/HCTZ
KERLONE	BETAXOLOL
LEVATOL	PENBUTOLOL
LEVOBUNOLOL	BETAGAN/AK-BETA
LOPRESSOR	METOPROLOL
NORMODYNE	LABETOLOL
NOMOZIDE	LABETOLOL/HCTZ
SECTRAL	ACEBUTOLOL
SORINE	SOTALOL
TENORETIC	ATENOLOL/CHLORTHALIDONE
TENORMIN	ATENLOLOL
TIMOLOL	TIMOPTIC
TOPROL XL	METOPROLOL
TRANDATE	LABATALOL
VISKEN	PINDOLOL
ZEBETA	BISOPROLOL
ZIAC	BISOPROLOL

Herbal Supplements: withhold 7 days prior

Licorice	Feverfew	Saw Palmetto	Astragalus
Green Tea	Milk Thistle	St. John's Wort	Bee Pollen

PRESCRIPTION ANTIHISTAMINES (pills, eye drop, spray): withhold 7 days prior

BRAND	GENERIC
ALLEGRA	FEXOFENADINE
ASTELIN	AZELASTINE
CLARITEN	LORATIDINE
CLARINEX	DESLORATIDINE
OPTIVAR	AZELASTINE
PATANOL	LORATADINE
ZADITOR	KETOTIFEN
ZYRTEC	CETIRIZINE

OTHER ANTIHISTAMINES: MUST WITHOLD 7 DAYS PRIOR TO TESTING

BROMPHENIRAMINE (DIMETANE)
METHDILAZINE (TACARYL)
CHLORPHENIRAMINE (CHLOR-TRIMETON)
PROMETHAZINE (PHENERGAN)
CLEMASTINE (TAVIST)
PYRILAMINE (NISAVAL)
CYPROHEPTADINE (PERIACTIN)
TACARYL (METHDILAZINE)
DIPHENHYDRAMINE (BENADRYL)
TEMARIL (TRIMEPARAZINE)
HYDROXYZINE (ATARAX, VISTARIL)
THORZINE

Antidepressants Medications: STOP 14 DAYS PRIOR TO TESTING

GENERIC (BRAND)

AMITRIPTYLINE (ELAVIL, ETRAFON, LIMBITROL, VANATRIP)
AMOXAMPINE (ASENDIN)
CLOMIPRAMINE (ANAFRANIL)
DESIPRAMINE (NORPRAMIN)
DOXEPIN (ADAPIN, SINEQUAN, ZOLALON)
IMIPRAMINE (TOFRANIL)
MAPROTILINE (MECLOBEMIDE)
MIRTAZAPINE (REMERON)
TRIMIPRAMINE (SURMONTIL)
NORTRIPTYLINE (AVENTYL HYDROCHLORIDE, PAMELOR)
PROTRIPTYLINE (VIVACTIL)

REMINDER: CHECK YOUR INSURANCE BENEFITS FOR ALLERGY TESTING AND TREATMENT

Please note that it is your responsibility **to call your insurance provider prior to testing in order to find out what your out of pocket costs will be for allergy testing and treatment.** Call the phone number for membership benefits which is located on your insurance card. Most insurance carriers will pay for most of the cost of the allergy skin testing and allergy shots.

Also, please note that many insurance companies have an annual deductible which must be met by the patient before the insurance begins to pay for coverage. It is our policy to collect your insurance deductible on the day of allergy testing. If your deductible has not been met, you will be responsible for paying \$300 for allergy testing and \$20 for each allergy injection office visit. These amounts are the average amount allowed by most insurance, so you may be billed for a slightly greater amount. Since allergy treatment requires several years of treatment, please take into account your annual deductible.

In general, insurance carriers will not pay for food and chemical testing and will not pay for allergy drop therapy. If you choose to undergo allergy drop therapy or undergo food or chemical testing, you will have to pay for these services directly. For some patients with high deductibles and copayments, it may be less expensive to receive allergy drops.

Allergy drops for airborne allergens cost \$60 per bottle which will last about 2 months. Allergy drops for foods and chemicals cost \$60 for two bottles, which will last about 2 months. Provocative testing for food and chemical allergies costs \$50 for each item tested. Generally, we can only test three items at a time due to time constraints.

CPT CODES FOR ALLERGY TESTING:

allergy skin testing (95004, 95024)

injections (95115, 95117)

injection vial preparation (95165)

Yoon C. Nofsinger, M.D.
Tampa ENT Associates, 3450 East Fletcher Avenue Tampa, FL 33613
(813) 972-3353

Name: _____ **Date:** _____
Address: _____

Prednisone 10 mg tablet

Sig. One or two po Q am as needed

Disp# 20 (twenty)

***You may take this medication only if you are having severe allergy symptoms during the week prior to your allergy test when you must discontinue all antihistamines. Please take the least amount to control symptoms.**

Refill Number _____
Label only _____

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****Potential side effects: moodiness, weight gain, increased appetite, insomnia. Rare incidences of cataracts, osteoporosis, and hip fractures.**