BREATHE CLEAR INSTITUTE®

Address
20911 Earl St., Ste 470, Torrance, CA 90503

Email
info@breatheclearinstitute.com

Website
www.breatheclearinstitute.com

Contact
Phone: 310.372.0700
Text: 424.264.2508
Fax: 310.372.0774

Allergy Test Instructions

To ensure accurate allergy test results, it is important that you follow these instructions.

WHAT TO EXPECT

Appointment for _____
is confirmed for _____ at _____
The appointment can last anywhere from 1 ½ - 2 hours.

Types of testing:
Skin prick (scratch) test on your forearm:
Droplets of allergens will be placed on your skin. Reactions such as redness, swelling like a mosquito bite will occur within 15 minutes.
Intradermal skin test:
If your scratch test is inconclusive or negative, a small amount of the allergen will be injected into the outer layer of your skin on your arm.

IF YOU TAKE A BETA-BLOCKER OR GLAUCOMA DROPS WITHIN 5 DAYS, WE CAN'T PERFORM ALLERGY TESTING

Beta-blockers and Glaucoma eye drops block the effects of epinephrine, which is the treatment for a serious allergic reaction. Please notify us if you are taking either of these types of medications.

For any questions, contact us by phone, text or email.

DON'TS

- Don't take antihistamines, cold medications and/or cough syrup containing antihistamines 5 to 7 days prior to testing depending on generation.
- Don't take antihistamine nasal sprays and eye drops 1 day prior to testing.
- Don't take anti-inflammatory pain medications or sleep medications 5 days prior to testing.
- Don't stop taking the tricyclic antidepressants or atypical antidepressants for 14 days or benzodiazepines for 7 days prior to testing without checking with the provider who prescribed them to you first.
- Don't apply lotion or any other type of skin product on your arms the day of your test.

DO'S

- Use your steroid nasal spray such as Flonase, Nasonex, Nasacort or Rhinocort up to the day before the test. **Remember no antihistamine nasal sprays!**
- Continue to take all other medications not listed above or on the back side of this sheet.
- Wear a short sleeve shirt for easy access to your arms.
- Bring something to occupy your time.

CANCELLATION POLICY

You will be charged a cancellation fee of $100.00 if you do not notify us 48 hours in advance

By signing this agreement, you understand that taking the medications listed on the back of this form may result in inaccurate test results. If you take any of these medications in the timeframe specified, we will not be able to perform the test. You also understand cancellation policy listed above.

Signature of Patient/Guardian: _____ Date: _____

MEDICATIONS TO WITHHOLD PRIOR TO TESTING:

The Medications Listed Below MUST be withheld according to the specified timing below. If any of the medications were not withheld, we will not perform the test.

Type of medication	Examples of this medication	When to Stop
Topical Corticosteroids	Aclometasone (Aclovate), amcinonide (Cyclocort, betamethasone (Diprolene, Betanate, Beta-Val), clobetasol (Clobex, Olux, Temovate), desonide (Desonate, Desowen, Lokara, Vereso), desoximetasone (Topicort), diflorasone (Apexicon), fluocinolone (Synalar), fluocinonide (Vanos, Lidex), flurandrenolide (Cordran), fluticasone (Cutivate), halcinonide (Halog), halobetasol (Ultravate), hydrocortisone (Locoid, Pandel, Westcort), mometasone (Elocon), triamcinolone (Cinalog, Kenalog, Triderm)	21 days before the test (in the area that will be tested)
*Tricyclic Antidepressants	Amitriptyline (Elavil, Endep, Etrafon, Limbitrol, Vanatrip), amoxapine (Asendin), clomipramine (Anafranil), desipramine (Norpramin), doxepin (Adapin,Sinequan), imipramine (Tofranil), nortriptyline (Aventyl, Pamelor), protriptyline (Vivactil), trimipramine (Surmontil)	14 days before the test
*Atypical Antidepressants & Sedatives	Eszopiclone (Lunesta), mirtazapine (Remeron), quetiapine (Seroquel), trazodone (Oleptro), zolpidem (Ambien)	14 days before the test
Second and Third Generation Antihistamines	Cetirizine (Zyrtec), desloratadine (Clarinex), fexofenadine (Allegra), levocetirizine (Xyzal), loratadine (Claritin, Alavert)	7 days before the test
*Benzodiazepines	Alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium, lorazepam (Ativan), midazolam (Versed)	7 days before the test
*Beta-blocker (pills and eye drops) and glaucoma drops	Acebutolol (Sectral), Atenolol (Tenoretic, Tenormin), Betaxolol (Betoptic, Kerlone), Bisoprolol (Zebeta, Ziac), Carteolol (Cartrol, Ocupress), Carvedilol (Coreg), Esmolol (Brevibloc), Labetalol (Normodyne, Trandate), Levobunolol (AK-Beta, Betagan), Levobetaxolol (Betaxon), Metipranolol (OptiPranolol), Metoprolol (Lopressor), Nadolol (Corgard, Corzide), Penbutolol (Levatol), Pindolol (Visken), Propranolol (Inderal, Inderide), Sotalol (Betapace, Sorine), Timolol (Betimol, Blocarden, Ocumeter, Timolide, Cosopt, Occudose, Timoptic)	5 days before the test
First Generation Antihistamines	Azatadine (Optimine), brompheniramine (Bromax, Lodrane), carbinoxamine (Histex, Karbinal, Palgic, Pediatex), chlorpheniramine (Aller-Chlor, Chlor-Trimeton), clemastine (Allerhist, Contact, Tavist), cyproheptadine (Periactin), dexchlorpheniramine (Polarmine), diphenhydramine (Benadryl, many other cold and allergy pills), dimenhydrinate (Dramamine), hydroxyzine (Atarax, Rezine, Vistaril), ketotifen (Zatiden), meclizine (Antivert, Bonine), methdilazine (Tacaryl), phenindamine (Nolahist), promethazine (Chlorpromazine, Phenergan, Promethazine), pyrilamine (Nisaval), trimaparazine (Tremaril), tripelennamine (PBZ), triprolidine (Myidyl, Tripohist, Zymine)	5 days before the test
H2 Blockers	Cimetidine (Tagamet), famotidine (Pepcid), ranitidine (Zantac)	2 days before the test
Antihistamine Nasal Sprays and Eye Drops	Azelastine (Astelin, Astepro, Patanase, Dymista), azelastine (Optivar), olopatadine (Patanase, Pataday, Patanol)	1 day before the test
Immunomodulators	Omalizumab (Xolair), others are unknown discuss with doctor	6 months before the test

*These medications should NOT be stopped without discussing with the physician who prescribed them. Stopping these medications without proper instructions could be dangerous.

Your out of pocket cost for allergy testing will be dependent on your insurance benefits. If you insurance applies the charges to your deductible, your cost could range between $400 - $600. We encourage you to contact your insurance company to verify your benefits for allergy testing. To do so, you will need to give your insurance company the following information:
CPT procedure code 95004 (quantity 40) and CPT procedure code 95024 (quantity 32).