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# 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, 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.**

## DONT'S

- Don't take antihistamines, cold medications and/or cough syrup containing antihistamines 5 days prior to testing.
- Don't take antihistamine nasal sprays and eye drops 5 days 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, benzodiazepines or atypical antidepressants listed on the back of the form 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 strays!
- 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 \$50.00 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 the specified timing below. If any of the medications were not withheld, we will not perform the test.

## STOP 7 DAYS PRIOR TO TESTING

### BENZODIAZEPINES, ATYPICAL ANTIDEPRESSANTS AND SEDATIVE MEDICATIONS

**DON'T STOP TAKING THE MEDICATIONS BELOW WITHOUT CHECKING WITH THE PROVIDER WHO PRESCRIBED THEM**

#### ATYPICAL ANTIDEPRESSANTS AND SEDATIVES

Ambien  
Bupropion  
Eszopiclone  
Lunesta  
Mirtazapine  
Olepro

Quetiapine  
Remeron  
Seroquel  
Trazadone  
Wellbutrin  
Zolpidem

#### BENZODIAZEPINES

Alprazolam  
Ativan  
Clonazepam  
Clorazepate  
Dalmane  
Diazepam  
Doral  
Estazolam

Flurazepam  
Halcion  
Klonopin  
Librium  
Lorazepam  
Midazolam  
Niravam  
Oxazepam

Restoril  
Serax  
Temazepam  
Tranxene  
Triazolam  
Valium  
Versed  
Xanax

#### TRICYCLIC ANTIDEPRESSANTS

Adapin  
Amitriptyline  
Amoxapine Tablets  
Anafranil  
Ascendin  
Aventyl  
Chlordiazepoxide  
Clomipramine  
Desipramine HCl

Doxepin  
Elavil  
Endep  
Etrafon  
mipramine HCl  
Limbitrol  
Norpramin  
Nortriptyline  
Pamelor

Perphenazine  
Protriptyline  
Sinequan  
Surmontil  
Tofranil  
Triavil  
Vanatrip  
Vivactil

## STOP 5 DAYS PRIOR TO TESTING

#### ANTI INFLAMMATORIES

Advil  
Aspirin  
Bayer  
Celebrex  
Excedrin  
Flexeril  
Ibuprofen  
Midol,  
Midrin  
Motrin  
Naproxen  
Orudis  
Vioxx

#### MEDICATIONS WITH ANTIHISTAMINES AND SLEEP MEDICATIONS

AccuHist  
Acrivastine  
Actifed  
Ah-chew  
Alavert  
Allecron  
Allegra, Allegra D  
Aller-Chlor  
Antivert  
Atarax,  
Atrohist  
Azatadine  
Benadryl  
Bromfed  
Bonnine  
Bropheneramine  
Carbinoxamine  
Cardec  
Cetirizine  
Chlor-Amine,  
Chlor-Trimetron,  
Clarinox, Clarinox D  
Claritin Claritin D  
Clemastine

Cyproheptadine  
Dayhist,  
Deconamine,  
Desloratadine  
Dimenhydrinate  
Diphenhydramine  
Dramamine  
Extendryl  
Fexofenadine  
Histussin  
Hycomine  
Hydroxyzine  
Kronofed ,  
Levocetirizine  
Limbitrol  
Iodrane  
Loratadine  
Methscopolamine  
Meclizine  
Nolahist  
Nolamine  
Optimine  
Pediox  
Periactin

Phenergan  
Phenindamine  
Promethazine  
Pyrilamine  
Rynatan  
Rynatuss  
Semprex  
Sinulin  
Tacrolimus (topical)  
Tavist  
Triacin  
Trinalin  
Triolidine  
Tussi-12  
Tussionex  
Tylenol Allergy  
Tylenol Cold  
Tylenol Flu  
Tylenol PM  
Viravan  
Vistaril  
Xyzal  
Zyrtec  
Zyrtec D

#### Eye Drops:

Alaway,  
Alcaftadine  
Azelastine  
Bepotastine  
Bepreve  
Claritin  
Elestat  
Emadine  
Emedastine  
Epinastine  
Ketotifen)  
Lastacaft  
Levocabastine  
Livostin  
Naphcon-A,  
Olopatadine  
Opcon-A,  
Optivar  
Pataday  
Patanol  
Pheniramine  
Visine-A  
Zaditor,  
Zyrtec

**All other nasal sprays can be used up until the day before testing with the exception of the ones listed below**

#### Nasal Sprays:

Astelin  
Astepro  
Azelastine  
Patanase  
Olopatadine

**Stop ALL Sleep Medications**

**You can take regular Tylenol or Acetaminophen**

## STOP 2 DAYS PRIOR

### HEARTBURN H2 BLOCKERS

Axid  
Cimetidine  
Famotidine  
Nizatidine

Pepcid  
Pepcid AC  
Tagament  
Zantac

**If you are unable to stop any of the medications listed above, speak to the provider. In some cases we may be able to perform blood allergy testing instead.**

## YOU CAN'T BE TESTED IF YOU TAKE BETA BLOCKERS

Acebutolol HCl	Brevibloc	Inderide	Nadolol	Tenormin	Eye Drops for Glaucoma
Acebutolol hydrochloride	Bystolic	InnoPran	Nebivolol	Timolide	Betagan
Atenolol	Carteolol hydrochloride	Kerlone	Normodyne	Timolol	Betaxolol
Atenolol Chlorthalidone	Cartrol	Labetalol HCl	Normozide	Timoptic	Betoptic
Betagan	Carvedilol	Levatol	Penbutolol Sulfate	Toprol XL	Levobunolol
Betapace	Coreg	Levobunolol	Pindolol	Trandate	Timolol
Betaxolol HCl	Corgard	Lopressor	Propranolol HCTZ	Visken	Timoptic
Betoptic	Corzide	Maleate	Sectral	Zebeta	
Bisoprolol Fumarate HCTZ	Esmolol	Metoprolol Succinate	Sotalol hydrochloride	Ziac	
Blocadren		Metoprolol Tartrate	Tenoretic		

Your out of pocket cost for allergy testing will be dependent on your insurance benefits. If your 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).