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Allergy Testing Preparation:

It has been recommended that you undergo Allergy Skin testing to further evaluate your condition and see if it could possibly be attributed to allergies.

For testing you may need to be off certain prescription and/or over the counter medications. Please review the list of medications that you need to avoid, as well as the time frame that you need to be off of them prior to testing. If these medications are not stopped, we will not be able to perform your test. Contact us if you have any questions.

How to Prepare For Testing:

Testing may take up to an hour and a half. Please make sure you have allowed for this time for testing to be thorough and safe. Please make sure you have eaten prior to coming in for your testing appointment. Wear a short sleeve/sleeveless loose-fitting top that allow access to the skin of both your arms up to the shoulders. Please be sure to let us know of any tattoos you may have as well so that we can test around them accordingly.

Following your testing you will need to make a follow-up appointment with one of our physicians to go over the results.

Allergy Testing

What are Allergies?

An allergic reaction is a series of events that occur in your immune system. The immune system is the body's defense system against substances that can cause illness or harm. Allergens are substances that can trigger an allergic reaction. The most common of these are pollens, molds, animal dander, and dust mites. Although foods, medications, and insect stings can cause allergic reactions too, allergens in and of themselves do not harm us. However, they can be recognized as foreign invaders by the immune system which triggers an allergic reaction. This reaction can cause swelling of tissues, sneezing, runny nose, congestion, coughing, wheezing, itching, rashes, throat clearing, watery eyes and other symptoms.

What is Allergy Testing?

Allergy testing refers to any test that determines what specific substances are triggering your allergic symptoms.

What kinds of Allergy Testing are there?

There are many ways to perform allergy testing. Blood and skin testing are the most common and accurate forms of allergy testing.

Blood (RAST) testing involves drawing blood and sending it to a lab where your blood is combined with various allergens. Blood testing does not require stopping any medications and can be useful in patients who are taking certain medications or those with skin conditions that may interfere with skin testing. Blood testing is only as good as the lab doing the testing and historically has been considered less accurate and reliable than skin testing.

There are several methods of skin testing. Prick testing involves introducing a small amount of allergen into the skin by making a small prick with a drop of allergen extract. Intradermal testing is considered more sensitive than prick testing but is more time consuming and involves a larger number of needle punctures. Modified Quantitative Testing is a blend of prick testing and intradermal testing. This is faster than intradermal testing, and involves fewer needles than intradermal testing, but gives more sensitive information than prick testing alone.

Who should be tested for Allergies?

Any patient who has symptoms of allergies and wishes to identify what they are allergic to or is interested in immunotherapy for better control of their allergies.

What allergens do you test for?

We test for the most common respiratory allergens in this region of the country (the things you are exposed to on a routine basis). This includes trees, grasses, weeds, molds, animal dander, and dust mites. We only test respiratory allergens as these are the ones that most commonly cause ear, nose, and throat symptoms.

Testing for foods, medications, or insect stings can be done by a General Allergist.



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Medications to Avoid for Allergy Testing

The following pages are a list of medications to avoid anywhere from 24 hours to 3 weeks prior to your allergy testing. The most common medications to avoid for **ONE WEEK** prior to testing are all over-the-counter cold/flu/allergy/sinus medications, as their active ingredients usually contain some sort of antihistamine.

The most common forms of antihistamines are: chlorpheniramine, clemastine, loratadine, diphenhydramine, fexofenadine, cetirizine, azelastine, and olopatadine. All forms of antihistamine, including topical creams, eye drops, nasal sprays, and oral medications must be avoided for one week prior to scheduled testing.

If you are on Beta Blockers, you must get approval from your primary care physician to be off your medication prior to testing. If this cannot be done, please let us know so we can arrange for other options of testing.

If you have any questions about your medications that you are currently taking, or any medications you need to be off, please contact our office.



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<u>BRAND NAME</u>	<u>GENERIC NAME</u>	<u>DRUG CLASSIFICATION</u>	<u>HOLDING TIME</u>
Alleroff, Citiri-D	Cetirizine	Antihistamine	1 week
Aller-Tec, Allertec-D	Cetirizine	Antihistamine	1 week
Wal Zyr, Wal Zyr-D	Cetirizine	Antihistamine	1 week
Zyrtec	Cetirizine	Antihistamine	1 week
Actifed Allergy	Chlorpheniramine	Antihistamine	1 week
Advil Allergy/Sinus	Chlorpheniramine	Antihistamine	1 week
Alka-Seltzer Plus Cold	Chlorpheniramine	Antihistamine	1 week
Aller-Chlor, Allerest	Chlorpheniramine	Antihistamine	1 week
Allergy Relief	Chlorpheniramine	Antihistamine	1 week
Aller-Rx, Allfen, Atrohist	Chlorpheniramine	Antihistamine	1 week
Chlo-Amine, Chlor-Mal	Chlorpheniramine	Antihistamine	1 week
Chlor-Phed, Chlorphen	Chlorpheniramine	Antihistamine	1 week
Chlor-Trimeton, Comhist	Chlorpheniramine	Antihistamine	1 week
Comtrex Allergy, Coricidin	Chlorpheniramine	Antihistamine	1 week
CPM (chlorpheniramine)	Chlorpheniramine	Antihistamine	1 week
Dallergy, Deconamine	Chlorpheniramine	Antihistamine	1 week
Dristan Cold, Effidac 24	Chlorpheniramine	Antihistamine	1 week
Extendryl, Hytan	Chlorpheniramine	Antihistamine	1 week
Polaramine, Ridraman	Chlorpheniramine	Antihistamine	1 week
Rondec, Sinarest	Chlorpheniramine	Antihistamine	1 week
Sine-Off, Sinutab Allergy	Chlorpheniramine	Antihistamine	1 week
Sudafed Cold & Allergy	Chlorpheniramine	Antihistamine	1 week
Tanafed, Teldrin Allergy	Chlorpheniramine	Antihistamine	1 week
Theraflu Cold	Chlorpheniramine	Antihistamine	1 week
Triaminic Multi-symptom	Chlorpheniramine	Antihistamine	1 week
Tussinex, Tylenol Cold/Flu	Chlorpheniramine	Antihistamine	1 week
Vicks 44	Chlorpheniramine	Antihistamine	1 week
Allerhist-1, Contac Allergy	Clemastine	Antihistamine	1 week
Dayhist Allergy, Tavist	Clemastine	Antihistamine	1 week
Clarinex	Desloratadine	Antihistamine	1 week
Ala-Hist PE	Dexbrompheniramine	Antihistamine	1 week
Drixoral Cold & Allergy	Dexbrompheniramine	Antihistamine	1 week
Ala-Hist LQ, Aldex CT	Diphenhydramine	Antihistamine	1 week
Allergia-C, Allergy Relief	Diphenhydramine	Antihistamine	1 week
Allermax, Altaryl, Banophen	Diphenhydramine	Antihistamine	1 week
Ben Tann, Bromanate AF	Diphenhydramine	Antihistamine	1 week
Benadryl	Diphenhydramine	Antihistamine	1 week
Dicopanorl	Diphenhydramine	Antihistamine	1 week
Dimetapp Nighttime Cold	Diphenhydramine	Antihistamine	1 week
Diphedryl, Diphen	Diphenhydramine	Antihistamine	1 week
Diphenadryl, Diphenylin	Diphenhydramine	Antihistamine	1 week
Dytan, Dytuss, Genahist	Diphenhydramine	Antihistamine	1 week
Hydramine	Diphenhydramine	Antihistamine	1 week

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Pardryl, Q-dryl	Diphenhydramine	Antihistamine	1 week
Pedicare Children's Allergy	Diphenhydramine	Antihistamine	1 week
QlearQuil Nighttime	Diphenhydramine	Antihistamine	1 week
Robitussin Nighttime	Diphenhydramine	Antihistamine	1 week
Scot-Tussin Allergy	Diphenhydramine	Antihistamine	1 week
Siladryl, Silphen	Diphenhydramine	Antihistamine	1 week
Theraflu Nighttime	Diphenhydramine	Antihistamine	1 week
Triaminic Nighttime	Diphenhydramine	Antihistamine	1 week
Tylenol Allergy	Diphenhydramine	Antihistamine	1 week
Valu-Dryl, Vanamine PD	Diphenhydramine	Antihistamine	1 week
Aler-Dryl, Benadryl cream	Diphenhydramine	Anti-itch cream	1 week
Dermamycin	Diphenhydramine	Anti-itch cream	1 week
Diphenhist, Ivarest	Diphenhydramine	Anti-itch cream	1 week
Any "PM" (i.e. Advil PM)	Diphenhydramine	Sleep Aid	1 week
Compoz Nighttime	Diphenhydramine	Sleep Aid	1 week
Nytol, Simply Sleep	Diphenhydramine	Sleep Aid	1 week
Sleep-Eze, Sleepinal	Diphenhydramine	Sleep Aid	1 week
Sominex, Tranquil, Twilite	Diphenhydramine	Sleep Aid	1 week
Unisom, Z-Sleep, ZzzQuil	Diphenhydramine	Sleep Aid	1 week
Allegra, Wal-fex, Aller-Ease	Fexofenadine	Antihistamine	1 week
Xyzal	Levocetirizine	Antihistamine	1 week
Claritin, Alavert, Tavist	Loratadine	Antihistamine	1 week
Wal-itin, AllerClear	Loratadine	Antihistamine	1 week
Astelin, Astepro	Azelastine	Antihistamine nasal spray	1 week
Dymista	Azelastine/Fluticasone	Antihistamine nasal spray	1 week
Patanase	Olopatadine	Antihistamine nasal spray	1 week
Zaditor, Alaway	Ketotifen	Antihistamine Eye Drop	1 week
Livostin	Levocabastine	Antihistamine Eye Drop	1 week
Pataday, Pazeo	Olopatadine	Antihistamine Eye Drop	1 week
Periactin	Cyproheptadine	Antihistamine/Migraine	7-10 days
Singular	Montelukast	Asthma/Allergy	24 hours
Accolate	Zafirlukast	Asthma/Allergy	24 hours
Zyflo	Zileuton	Asthma/Allergy	24 hours
Atarax, Rezine, Vistaril	Hydroxyzine	Anti-itch/Relax/Anxiety	1 week
Antinaus, Compazine	Prochlorperazine	Anti-nausea/anxiety	1 week
Meprozone, Pentazine	Promethazine	Anti-nausea/motion sickness	1 week
Phenergan, Promethagan	Promethazine	Anti-nausea/motion sickness	1 week
Calm Aid, Dramamine	Dimenhydrinate	Anti-nausea/motion sickness	1 week
Motion Sickness Relief	Dimenhydrinate	Anti-nausea/motion sickness	1 week
Elavil	Amitriptyline	Anti-depressant	1-2 weeks
Asendin	Amoxapine	Anti-depressant	1-2 weeks
Anafranil	Clomipramine	Anti-depressant	1-2 weeks
Norpramin	Desipramine	Anti-depressant	1-2 weeks



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Silenor, Zonalon, Sinequan	Doxepin	Anti-depressant/sleep aid	1-2 weeks
Tofranil	Imipramine	Anti-depressant	10-14 days
Ludomil	Maprotiline	Anti-depressant	1-2 weeks
Remeron	Mirtazapine	Anti-depressant	1-2 weeks
Serzone	Nefazodone	Anti-depressant	1-2 weeks
Aventyl, Pamelor	Nortriptyline	Anti-depressant	1-2 weeks
Vivactil	Protriptyline	Anti-depressant	1-2 weeks
Desyrel, Oleptro	Trazodone	Anti-depressant	1-2 weeks
Surmontil	Trimipramine	Anti-depressant	1-2 weeks
Haldol	Haloperidol	Anti-psychotic	7-10 days
Thorazine	Chlorpromazine	Anti-psychotic/anti-nausea	7-10 days
Xanax	Alprazolam	Anxiety/Muscle spasm/Sleep	1 week
Klonopin	Clonazepam	Anxiety/Muscle spasm/Sleep	1 week
Valium	Diazepam	Anxiety/Muscle spasm/Sleep	1 week
Ativan	Lorazepam	Anxiety/Muscle spasm/Sleep	1 week
Versed	Midazolam	Anxiety/Muscle spasm/Sleep	1 week
Tranxene	Clorazepate	Anxiety/Muscle spasm/Sleep	1 week
Restoril	Temazepam	Anxiety/Muscle spasm/Sleep	1 week
Librium	Chlordiazepoxide	Anxiety/Muscle spasm/Sleep	1 week
Tagamet	Cimetidine	Acid Reducer	3 days
Pepcid	Famotidine	Acid Reducer	3 days
Axid	Nizatidine	Acid Reducer	3 days
Zantac	Ranitidine	Acid Reducer	3 days
Cortizone-10, Cortaid	Hydrocortisone	Topical steroid cream	3 days
Dermovate	Clobetasol	Topical steroid cream	3 weeks
Diprolene, Valnac, Lotrisone	Betamethasone	Topical steroid cream	3 weeks
Kenalog Topical, Triderm	Triamcinolone	Topical steroid cream	3 weeks
Elocon	Mometasone	Topical steroid cream	3 weeks
Protopic	Tacrolimus	Eczema ointment	1 week

<u>HERBALS</u>	<u>HOLDING TIME</u>
Green Tea	1 week
Butterbur, Feverfew, Licorice,	1 week
Saw Palmetto, Spirulina	1 week
Stinging Nettle, St John's Wort	1 week
Chinese / Ayurvedic medicines	1 week
Homeopathic/herbal drops	1 week



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BETA BLOCKERS

If you are currently taking a Beta Blocker you will need to check with the doctor who prescribed it to see if you may safely stop this medication for one week prior to testing. You will not be able to receive allergy injections while taking a Beta Blocker. Your prescribing doctor may want to switch you to a different class of medications if you are considering allergy treatment after your testing is completed.

*****YOU CANNOT BE ON ANY OF THESE MEDICATIONS DURING TESTING OR TREATMENT FOR ALLERGIES*****

BRAND NAME

Sectral
Tenormin, Tenoretic
Kerlone, Beloptic Ophthalmic
Zebeta, Ziac
Cartol, Ocupress Ophthalmic
Coreg
Brevibloc Injection
Normodyne, Trandate
AK Beta, Betagan Ophthalmic
OptiPranolol Ophthalmic
Lopressor, Toprol, Dutoprol
Corgard, Corzide
Bystolic
Levatol
Visken
Inderal, Inderide, InnoPran
Betapace, Sorine
Blocadren, Timolide
Betimol, Timoptic, Combigan, Cosopt Ophthalmic

GENERIC NAME

Acebutolol
Atenolol
Betaxolol
Bisoprolol
Carteolol
Carvedilol
Esmolol
Labetalol
Levobunolol
Metipranolol
Metoprolol
Nadolol
Nebivolol
Penbutolol
Pindolol
Propranolol
Sotalol
Timolol
Timolol



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INFORMED CONSENT FOR ALLERGY SKIN TESTING

It has been recommended that you undergo Allergy Skin Testing to determine if the symptoms for which you are seeking treatment are due to respiratory allergies.

Benefits of testing: Ability to determine if allergies are causing your symptoms. Identification of those things you are allergic to.

Possible Risks: it is impossible to list all the potential complications that may occur from any procedure. However, risks here have been carefully considered. There may be possible risks including, but not limited to, local skin reaction (Including rash, hives, and welts), asthma or breathing difficulties, changes in heart rate or blood pressure, diarrhea, headache, bleeding, infection, anaphylactic shock, and death.

Alternatives to testing: blood testing for allergies, use of allergy medications.

I understand that the practice of medicine is not an exact science and that NO guarantees or assurances have been made to me concerning the results of this procedure. I understand that during testing it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at this time. I consent to and authorize the performance of such additional procedures, should they be deemed necessary or appropriate.

By signing this form, I acknowledge that I have read or had this form read/explained to me. That I fully understand its contents and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I understand the potential benefits and risks of this procedure. I agree to undergo the test, and have it billed to the appropriate payor(s).

I voluntarily consent to allow Comprehensive ENT, Head and Neck Surgery, PC/SurgOne, PC, any physician within the group and all medical personnel under the direct supervision and control of the physicians and all other personnel who may otherwise be involved in performing the procedure to perform the procedure as described.

X _____
Patient/Guardian Signature

Date

X _____
Physician Signature

Date

X _____
Witness Signature

Date