

Baker ENT Associates PLC
4175 N. Euclid Ave, Suite 10
Bay City, MI 48706
(989)684-4400

INSTRUCTIONS FOR THE ALLERGY TESTING

An appointment has been made for you on _____ at _____ AM/PM for an intradermal allergy skin testing. The testing session may take 60 minutes.

- **Do not take any antihistamines for 3 days prior to testing.** Examples are: cold, sinus, or allergy pills and allergy eye drops (Allegra, Claritin, Benadryl, Actifed, Chlortrimeton, Zyrtec, Xyzal, Loratadine, etc.)
- **Do not use** nasal spray or eye drop antihistamines such as Astelin, Astepro, Patanase, Optivar, Pataday, Patanol for 3 days prior to testing.
- You may continue **decongestants** such as Sudafed and topical steroid sprays (Nasonex, Flonase, Rhinocort AQ, Nasacort AQ, etc.). It is okay to take your usual medications, including your inhalers except outlined below.
- Bring an accurate **list of all the medications** that you are taking or have taken in the week prior to the allergy test. **Beta-blockers** make it unsafe for allergy testing and must be stopped for 3 days prior to testing **with the permission of your family doctor.** Beta Blockers are: Inderal (propranolol), Betaloc/Lopresser/Brevloc,(metaprolol), Blocadren/Timolide (timolol), Corgard (nadolol), Normodyne (labetalol), Tenormin (atenolol), Levatol (penbutolol), Betapace (sotalol), Coreg (Carvedilol), Toprol, Inderide (Propranolol), Ziac/Zebeta (Bisoprolol), Nadolol (Mylan), Sectral (Acebutolol), Kerlone (Betaxolol), Tenoretic (Chlorthalidone), Trandate (Labetalol).
- If you take H2 blockers (reflux/heartburn), you must stop them for 3 days prior to the test. E.G. Tagamet (Cimetidine), Zantac (Ranitidine), Pepcid (Famotidine), Axid (Nizatidine).
- If you take H1 blockers such as Atarax or Vistaril (Hydroxyzine) you must stop them for 3 days prior to the testing.
- If you take tricyclic antidepressants, you must stop them for 7 days prior to testing as well (Amitriptyline (Elavil), Nortriptyline (Pamelor), Desipramine (Norpramin), Imipramine (Trofranil), Protriptyline (Vivactil), Trimipramine (Surmontil).
- If you take Doxepin, you must be off it of 10 days prior to the test.
- **INFORM US IF YOU HAVE ASTHMA, WHEEZING, FEVER, OR HAVE BEEN ILL IN THE PAST WEEK.**
- It is okay to eat before your appointment. Please wear short-sleeved or preferably a **sleeveless shirt. Inform us if you are PREGNANT and Inform us if you are HIV positive.**

AFTER THE TESTING: It is common after allergy testing to have itching, redness, or mild swelling **at the site of the testing on the arm.** LESS COMMON COMPLICATIONS INCLUDE HIVES, WHEEZING, OR ASTHMA. IF YOU EXPERIENCE ANY TROUBLE BREATHING OR SWELLING OF THE THROAT, WHEEZING, OR ASTHMA **GO DIRECTLY TO THE EMERGENCY ROOM OR CALL 911.**

Please call if you have questions: 989-684-4400

Baker Ear, Nose & Throat Associates PLC

Scott A. Baker, MD, Donna Burton, FNP-C

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Payment for Allergy Testing via Skin

I have been scheduled to have allergy testing done through the skin. This is called In Vivo Allergy Testing. The billing codes, called the CPT codes, are 95024 and 95004, diagnoses code J30.89 (other allergic rhinitis). I understand that it is my responsibility to call my insurance carrier and ask them if this testing is a covered benefit. If this testing is not a covered benefit through my insurance, I will be responsible for all charges. By signing below, I agree to pay for this testing if my insurance does not cover.

Printed Patient Name

Patient/Guardian Signature

Witness Signature

Date

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Consent for Immunocap Testing

I give consent to be tested for allergies via blood sample. This is called RAST testing or Immunocap testing. The testing code, called the CPT code, is 86003. I understand that it is my responsibility to call my insurance carrier to see if this is a covered benefit. If there are any charges for this lab work, it will be my responsibility to pay for these charges.

The results of these lab tests are available approximately two weeks after the blood is drawn. I understand that I will need to make a follow up appointment to discuss the results with either Dr. Baker, or Donna Burton FNP-C.

Printed Patient Name

Patient or Legal Guardian Signature

Witness Signature

Date