



THE EAR INSTITUTE OF TEXAS, P. A.

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Appointment: _____

Date: _____

Time: _____

IMPORTANT ALLERGY TEST INFORMATION

Allergy testing has been recommended by your medical provider. The cost of this test can vary depending on your insurance carrier and plan. **Please contact your insurance carrier and provide them with the code 95004 for Allergy Testing (70 units) and code 94200A for Peak Flow test to get an estimate of your financial responsibility.** Any patient responsibility will be collected at time of service. **If you cancel less than 48-hours before your scheduled testing appointment, you will be charged a \$75.00 cancellation fee.**

Depending on your allergy test results, allergy treatment (known as Allergy Immunotherapy) might be recommended for you. The codes for the **serum and injections for Allergy Immunotherapy** are **95165 (28 units)** and **95117**, respectively. You can also obtain an estimate of your financial responsibility from your insurance carrier. Payment for the treatment will need to be collected prior to preparation of serum for injections.

You **must not** take any **oral antihistamines** for at least **one week** prior to allergy testing. Antihistamines are found in common allergy relief medications that are sold both over the counter and by prescription only. They can also be found in medications for heartburn and acid reflux, among others. Other types of medications may also interfere with allergy skin test results. Please see the list below for the most common medications that contain antihistamines or might otherwise affect test results. Patients on Immunotherapy, avoid allergy injection the week prior to allergy testing.

Please note: this is not an all-inclusive list. If you have any questions about medications, please call our office to speak with the allergy department.

Brand Name (generic name)

Discontinue taking the following medications prior to allergy test:

Antihistamines 7 days (unless otherwise noted)			Heartburn/Acid reducer (3 days)
Alavert, Claritin (Loratadine)	Xyzal (Levocetirizine)	Tavist/Tavist II (Clemastine)	Pepcid (Famotidine)
Allegra (Fexofenadine)	Benadryl(Diphenhydramine) (5-7 days)	Semprex (Acrivastine)	Zantac (Ranitidine)
Clarinx (Desloratadine)	Chlor-Trimenton, Chlor-tabs (Chlorpheniramine Maleate)	Dimetapp, Bromax (brompheniramine)	Tagament (Cimetidine)
Zyrtec (Cetirizine)	Tekral (Diphenhydramine-pseudoephedrine)	RyVent, Karbinal ER, Palgiv (Carbinoxamine)	Axid (Nizatidine)
Periactin (Cyproheptadine) 11 days	Astelin, Dymista (Azelastine) 2 days		

Discontinue prior to allergy test: (*must contact prescribing doctor for authorization)

Nausea/dizziness (48 hours)	Nerve pain medication/Antianxiety/Antidepressants (7 days)		
Antivert(Meclizine)	*Elavil (Amitryptiline)	*Asendin (Amoxapine)	*Klonopin (Clonazepam)
Atarax, Vistaril (Hydroxyzine)	*Silenor, Sinequan (Doxepin)	*Valium (Diazepam)	*Xanax (Alprazolam)
Phenergan (promethazine)	*Pamelor (Nortriptyline)	*Ativan (Lorazepam)	*Wellbutrin (Bupropion)
Dramamine (Dimenhydrinate)	*Aripiprazole (Abilify)	*Trazodone (Desyrel) 5 days	

Avoid taking the following medications 48 hours prior to allergy testing:

****Beta blockers** – medication for **high blood pressure/migraines (SEE LIST on back of this page)**

****must contact prescribing doctor for authorization**

Over the counter sleep aids, appetite suppressants, diet medications, herbal products, alternative medicines

Medications that are for "allergy relief" or contain "PM": Tylenol PM, Sinus and Allergy, Excedrin PM

Notify allergy department: Long term oral corticosteroids, topical glucocorticosteroids **up to 21 days**

May continue the following:

- Sudafed® or pseudoephedrine
- Steroid nasal sprays (Flonase®, Rhinocort®, Nasonex®, Nasacort®, Nasarel®, Veramyst®, Fluticasone, Omnaris®, Afrin, Trimacinalone, Mometasone, etc.)
- Guaifenesin (Humibid®, Robitussin®, Liquibid®, Profen II Forte®, Duratuss™, Mucinex®)
- Pain medications – OTC and Prescription – (Tylenol® /acetaminophen, Excedrin®, Aleve, Advil® /ibuprofen/Motrin®, Aspirin®) - **As long as they do not contain “PM”**
- Singular® (Montelukast)
- Asthma Inhalers (Albuterol)
- Proton Pump Inhibitors – Esomeprazole, Omeprazole, Lansoprazole, Pantoprazole, Dexlansoprazole, Rabeprazole
- SNRI and SSRI – Duloxetine, Desvenlafaxine, Milnacipran, Venlafaxine, Citalopram (Celexa), Escitalopram, Sertraline (Zoloft), Paroxetine, Fluoxetine, Onlazapine

List of common Beta Blockers: **

Discontinue 48 hours prior to allergy testing (**must contact prescribing doctor for authorization)

- acebutolol (Sectral)
- atenolol (Tenormin)
- betaxolol (Kerlone)
- betaxolol (Betoptic S)
- bisoprolol fumarate (Zebeta)
- carteolol (Cartrol, discontinued)
- carvedilol (Coreg)
- esmolol (Brevibloc)
- labetalol (Trandate [Normodyne - discontinued])
- metoprolol (Lopressor, Toprol XL)
- nadolol (Corgard)
- nebivolol (Bystolic)
- penbutolol (Levatol)
- pindolol (Visken, discontinued)
- propranolol (Hemangeol, Inderal LA, Inderal XL, InnoPran XL)
- sotalol (Betapace, Sorine)
- timolol (Blocadren, discontinued)
- timolol ophthalmic solution (Timoptic, Betimol, Istalol)