

Kratz Allergy Asthma and Immunology
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Port Richey, FL 34668
727-819-1610

INSTRUCTIONS FOR ALLERGY SKIN TESTING/INTRADERMALS/ANTI-BIOTICS

Please **DISCONTINUE** the following medications prior to your testing

7 Days: Hydroxyzine (Atarax) (Vistoril) Remeron
Zyrtec (Ceterizine) Xyzal (Levoceterizine)
Sinequan Doxepin

5 Days: Allegra (Fexofenadine)
Astelin / Astepro
Benadryl (Diphenhydramine)
Claritin/Clarinox (Loratadine/ Desloratadine)
Patanase

****** AND ALL OTHER ANTIHISTAMINES PRESCRIBED OR OVER THE COUNTER INCLUDING SLEEP MEDICATIONS******(this includes: **Tylenol PM, certain Sudafed Allergy, certain Visine products, certain cough medicines, Nyquil, Nortriptyline (Pamelor), Sinequan, Trazodone, and Amitriptyline**)

****** If you are taking any other medications, check with the office staff or your pharmacist to see if it is necessary to discontinue their use prior to the Skin Testing. ******

****** If you are taking a Beta Blocker or any medication with a Beta blocker please inform us of your medications **** - meds ending in -olol**

Your Skin Testing/ID Testing is scheduled _____ at _____

PT SIGNATURE _____

Please feel free to call if you have any questions (727) 819-1610

*****If you are scheduled to have a Bone Density Test please refrain from wearing any of the following: Belts, buckles, zippers or metal of any kind from the waist down. Please stop Calcium pills 24 hours prior to test.**



“PROCEDURE NO SHOW APPOINTMENT POLICY”

Kratz Allergy, Asthma, and Immunology is pleased that you have selected us to assist in your medical care- but missing scheduled procedure appointments jeopardizes optimal care outcomes.

So this doesn't occur we have adopted the following policy:

- ❖ If you do not cancel your procedure 24 hours prior or you do not show for your procedure you will incur a minimum fee of \$25 per procedure that you are scheduled for in any 24 hour period. A copy of this procedure will be furnished to the patient and a copy kept in their chart.*

Your good health and well being is our goal, a physician and patient partnership is the best way to achieve this.

***THANK YOU FOR BEING OUR CUSTOMER
KRATZ ALLERGY***

PRINT PT NAME _____

PT. SIGNATURE _____