



Premier

# ALLERGY, ASTHMA & SINUS CARE

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## ALLERGY SKIN TESTING INSTRUCTIONS

Allergy skin testing provides a fast, safe and reliable means for identifying allergic sensitivities to inhalant allergens (e.g., pollens, molds, dust mites and animal danders) and is also used sometimes to diagnose allergic sensitivities to foods and sometimes antibiotics and insect stings. The information obtained from allergy testing provides guidance for avoidance of allergens and potential medication choices. Test results may also be used to formulate allergy shot extracts. In order to make your allergy testing appointment as productive as possible, we ask that you review the following instructions prior to your appointment:

1. Although the testing itself may be completed in one hour or less, additional time may be needed to discuss results, allergy avoidance measures, medications or allergy shot treatments.
2. Wear a shirt or blouse, which can be removed easily. Prick skin testing is performed using the Multitest™ device applied to the back.
3. Many medications interfere with allergy skin testing and many do not. Below you will find a list of both. Those that do interfere should be discontinued in the time specified. ***If you have a medical condition or severe allergic symptoms which might worsen without medications, please consult us prior to stopping these medications. We can often find a way to work around such problems.*** If you have forgotten to stop these medications by the specified time, please consult one of our nurses to determine whether or not you need to reschedule your allergy testing appointment.

**Please CONTINUE the following medications as prescribed:**

**Medications for Asthma:** Advair, Flovent, Pulmicort, Qvar, Asmanex, Singulair and Zflo

**Topical cortisone nasal sprays:** Flonase, Nasonex, Nasacort, Rhinocort, Veramyst

**Medications including:** proton pump inhibitors, medication for high blood pressure and other chronic medical conditions.

**ALL OTHER MEDICATIONS NOT LISTED BELOW WILL NOT INTERFERE WITH SKIN TESTING AND SHOULD BE CONTINUED AS PRESCRIBED!!!**

**Commonly Prescribed Medications to be DISCONTINUED 4 DAYS prior to Skin Testing**

*Please take note of the common generic name of certain medications in bold*

Includes certain **Nasal Sprays** and **Eye Drops**

If there are any questions - please contact Premier Allergy or your Prescribing Provider

Advil Cold & Sinus		Ahchew	
Alavert	<b>loratadine</b>	Actifed	<b>chlorpheniramine/ phenylephrine</b>
Allegra, Allegra-D	<b>fexofenadine</b>	AllerX	<b>chlorpheniramine/ phenylephrine</b>
Antivert	<b>meclizine</b>	Alomide	<b>Lodoxamide</b>
Astelin	<b>azelastine</b>	Axid	<b>Nizatidine</b>
Astepro	<b>azelastine</b>	Bonine	<b>Meclizine</b>
Atarax	<b>hydroxyzine</b>	Bromfed	
Benedryl	<b>diphenhydramine</b>	Clemastine	
Chlor-Trimenton	<b>chlorpheniramine</b>	Compazine	<b>prochlorperazine</b>
Clarinex	<b>desloratidine</b>	Comtrex	<b>acetaminophen/ guaifenesin</b>
Claritin, Claritin-D	<b>loratidine</b>	Contac	<b>Phenylephrine</b>
Dimetapp		Coricidin	<b>acetaminophen/ chlorphineramine</b>
Dramamine	<b>Dimehydrinate</b>	DAllergy	<b>chlorcyclizine hydrochloride/ phenylephrine hydrochloride</b>
Dymista	<b>azelastine</b>	Dimetane	<b>Brompheniramine</b>
Optivar	<b>azelastine</b>	Drixoral	<b>dexbrompheniramine/ psuedoephedrine</b>
Pataday	<b>olopatadine</b>	Durahist	<b>dexchlorpheniramine/ methscopolamine/ pseudoephedrine</b>
Patanase	<b>olopatadine</b>	Extendryl	<b>chlorpheniramine/ phenylephrine/ methscopolamine</b>
Patanol	<b>olopatadine</b>	Formula 44	<b>Dextromethorphan</b>
Pepcid	<b>famotidine</b>	Histavent	<b>chlorpheniramine/ methscopolamine/ phenylephrine</b>
Phenergan	<b>promethazine</b>	Multisymptom Nyquil	<b>Acetaminophen/ Doxylamine/ Dextromethorphan/ Pseudoephedrine</b>
Periactin	<b>cyproheptadine</b>	Nytol	<b>Diphenhydramine</b>
Sudafed		Omnihist	<b>Chlorphenamine/ Methylscopolamine/ Phenylephrine</b>
Tagament	<b>Cimetidine</b>	Rescon	<b>Chlorphenamine/ dextromethorphan/ pseudoephedrine</b>
Tylenol PM Tylenol Cold and Sinus		Rhinosyn	<b>chlorpheniramine/ dextromethorphan/ pseudoephedrine</b>
	<b>hydroxyzine</b>	Rynatan	<b>chlorpheniramine/ phenylephrine</b>
Xyzal	<b>levocetirizine</b>	Sominex	<b>Diphenhydramine</b>
Zantac	<b>ranitidine</b>	Tavist, Tavist-D	<b>clemastine</b>
Zyrtec	<b>cetirizine</b>	Triaminic	<b>dextromethorphan/ phenylephrine</b>
		Tripelennamine	
		Vicks	<b>acetaminophen/ phenylephrine</b>
		4-way	<b>Phenylephrine</b>

**ALL OTHER MEDICATIONS NOT LISTED BELOW WILL NOT INTERFERE WITH SKIN TESTING AND SHOULD BE CONTINUED AS PRESCRIBED!!!**

**Commonly Prescribed Medications to be DISCONTINUED 48 HOURS prior to Skin Testing**  
*Please take note of the common generic name of certain medications in bold*  
**\*\*\*Please contact your Prescribing Provider prior to discontinuing the below medications\*\*\***

Adapin	<b>doxepin</b>	Anafranil	<b>Clomipramine</b>
Ativan	<b>Lorazepam</b>	Aventyl	<b>Nortriptyline</b>
Celexa	<b>Citalopram</b>	Ascedin	<b>Amoxapine</b>
Cymbalta	<b>duloxetine</b>	Buspar	<b>bupirone</b>
Doxepin	<b>doxepin</b>	Desyrel	<b>trazadone</b>
Effexor/Effexor XR	<b>venlafaxine</b>	Librax	<b>chloradiazepoxide/clidinium</b>
Elavil	<b>Amitriptyline</b>	Ludiomil	<b>Mapotiline</b>
Klonopin	<b>Clonazepam</b>	Mellaril	<b>Thioridazine</b>
Levate	<b>Amitriptyline</b>	Navane	<b>Thiothixene</b>
Lexapro	<b>ecitalopram</b>	Norpramin	<b>Desipramine</b>
Paxil	<b>paroxetine</b>	Pamelor	<b>Nortriptyline</b>
Prozac	<b>fluoxetine</b>	Serzone	<b>Nefazodone</b>
Remeron	<b>Mirtazapine</b>	Stelazine	<b>trifluoperazine</b>
Restoril	<b>temazepam</b>	Silenor	<b>doxepin</b>
Welbutrin	<b>Bupropion</b>	Sinequan	<b>doxepin</b>
Xanax	<b>Alprazolam</b>	Surmontil	<b>Trimipramine</b>
Zoloft	<b>sertraline</b>	Thorazine	<b>chlorpromazine</b>
		Triptil	<b>protriptyline</b>
		Vanatrip	<b>Amitriptyline</b>
		Vivactil	<b>protriptyline</b>
		Tofranil	<b>Imipramine</b>
		Zonalon	<b>Doxepin Cream</b>

**PLEASE CALL OUR OFFICE AND ASK TO SPEAK WITH A NURSE IF YOU HAVE ANY ADDITIONAL QUESTIONS REGARDING THESE INSTRUCTIONS.**