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## **Important Medical Information Regarding Your Visit**

It is **VERY** important that you review the information regarding **antihistamine** usage before your scheduled appointment. **If you are unsure whether your medication contains an antihistamine, please check with your pharmacist.**

- a. **DISCONTINUE 48 hours before testing:**
  - Astelin
  
- b. **DISCONTINUE 72 hours before testing:**
  - Benadryl (Diphenhydramine)
  - Benadryl Topical Cream
  - Patanol Eye Drops
  - Atarax (Hydroxyzine)
  - Advil Allergy Sinus
  
- c. **DISCONTINUE 5 days before testing:**
  - Claritin Products
  - Clarinex
  - Zyrtec Products
  - Allegra
  - Doxepin
  - Xyzal
  
- d. **DISCONTINUE 7 days before testing:**
  - Nortriptyline
  - Amitriptyline
  
- e. **ALL OTHER ANTIHISTIMINES – discontinue 36 hours before testing**

## **Detailed list of Antihistamines**

**STAY OFF 36 HOURS:** *All other Antihistamines or Decongestant/Antihistamine combination medications. Below is a list of the most common:*

Actifed	Palgic D, DS
Alka-Seltzer Plus/Cold Products (some)	Pancof HC
AlleRx	Pannaz
Bromfed Products	PBZ, PBZ-SR (Tripelennamine)
Chlor-Trimeton	Polyhistine Products
Codimal Products	Rutuss
Comhist Products	Ryna 12 S
Comtrex Products	Rynatan
Contact Products (some)	Rynatuss
Dallergy Products	Semprex Products
Deconamine, SR or S	Sine-Off Sinus Medicine

Dimetane  
Dimetapp Products  
Donatussin  
Drixoral  
Duradryl Syrup  
Extendryl Products  
Histex PD, SR  
Kronofed-A  
Mescolor  
Naldecon  
Novafed A  
Optimine

Sinutab Maximum Strength  
Sudafed Cold & Allergy  
Tanafed  
Tavist Products  
Teldrin  
TheraFlu Products  
Triaminic  
Trinalin  
Tussend  
Tussi 12  
Tussionex  
Tylenol Allergy/Cold (some)

**STAY OFF 72 HOURS:**

Atarax – Generic Hydroxyzine  
Benadryl Products (Including Topical Cream) – Generic  
Advil Allergy Sinus  
Diphenhydramine  
Tylenol PM, Motrin PM  
BroveX  
DuraHist  
Meclizine  
Periactin – Generic Cyproheptadine  
Rondec  
Antihistamine Eye drops (Bepreve, Elestat, Optivar, Pataday, Zaditor, Patanol)  
Antihistamine Nasal Sprays (Astelin, Astepro, Patanase)  
Zanaflex (muscle relaxant)

**STAY OFF 5 DAYS:**

Alavert  
Allegra Products – Generic Fexofenadine  
Chlorex-D  
Clarinet or Clarinet D  
Claritin Products – Generic Loratidine  
Doxepin  
Xyzal – Generic Levoceterizine  
Zicam  
Zyrtec Products – Generic Cetirizine

**STAY OFF 7 DAYS:**

Nortriptyline & Amitriptyline

**Examples of medications that patients CAN continue to take:** Steroids (prednisone), Decongestants (e.g. Duratuss, Entex LA, Guaifed, Sudafed, Panmist LA), Pseudoephedrine, Asthma Inhalers, Albuterol, Steroid Nasal Sprays (e.g. Flonase, Rhinocort, Nasonex, Nasacort), prescribed creams, and any other meds that don't pertain to allergies or asthma. Additional examples: Veramyst, Singulair, Sdva

TREATMENT OF MINORS: A parent or legal guardian MUST accompany a minor child 18 years or younger for all appointments.

### **Important Information Regarding Your Patient History Form**

- Please fill out the 4-page history form as COMPLETELY as possible.
- If something does NOT apply, please mark “NO”.
- Please include in the “Medication” section EVERY medicine you take for ANY condition.
- Please remember to bring your history form with you to your appointment. If you happen to forget your form, you will be asked to fill one out at the office which may cause a delay in your scheduled appointment time with the physician.

### **Important Information Regarding Your Insurance Information**

- Please remember to bring your **current insurance information** with you to your visit. **All co-payments will be collected at the time of service.**
- If you are **SELF PAY, have a deductible of \$1,500 or higher, or you do NOT provide insurance information at the time of service,** you will be asked to pay \$500.00 towards your charges for that day (see Financial Policy).