

Thank you for choosing DeFatta ENT and Allergy to assist with your allergy testing and treatment needs. You have been scheduled for allergy testing on: _____

If you are presently doing allergy shots or drops please stop them 2 weeks prior to your allergy test.

If you call your insurance to determine coverage of allergy testing, we bill for the codes 95004 for 40 units
95024 for 38 units

Prior to your test we request that you fill out a History and SNOT form. You can find these forms on our website at: <https://defattahealth.com>. Go to patient forms---forms and instructions and allergy history and SNOT forms. You can either print out these forms, fill them out and bring them with you to your appointment or you can fill them out and email them back to us.

MEDICATIONS TO BE WITHHELD BEFORE ALLERGY TESTING:

If you are taking *any* BETA BLOCKER Medication or GLAUCOMA eye drops (listed below) you **MUST** contact us *as soon as possible*.

DO NOT STOP TAKING ANY BETABLOCKERS WITHOUT YOUR DOCTORS CONSENT. We will contact the prescribing doctor to see if it is Ok to be off of your medication for 3 days.

Listed below are several Beta Blocker Medications

Acebutolol
Atenolol
Betapace
Betimol
Brevibloc
Betachron
Blocadren
Bisoprolol
Betaxolol
Bystolic
Castrol
Carteolol
Coreg
Carvedilol
Corgard

Corzide
Cospot
Concur
Esmolol
Inderal
Inderide
Inno Pram XL
Ketione
Kerlone
Levatol
Lebatolol
Lopressor
Metoprolol
Normozide
Normodyne
Nadolol

Pindolol
Propranolol
Penbutolol
Sectral
Sotolol
Sorine
Timolol
Tenoretic
Tenormin
Toprol
Trandate
Timolide
Visken
Zebeta
Ziac

What are “Glaucoma Medications”?

Betaxolol
Levabunolol

Carteolol
Metipranolol

Betagen
Timolol

Betopic
Timoptic

WHAT IS ALLERGY?

An allergy is an abnormal immune response, whereby repeated exposure to allergens and/or foods that are harmless to non-allergic persons are harmful to the allergic person. Symptoms can range from mild to life-threatening.

POSSIBLE SIGNS AND SYMPTOMS OF ALLERGY

• EYES:

- o Dark circles under the eyes,
- o Tearing
- o Swelling of the eyelids
- o Swelling around the eyes
- o Inflammation/redness of the tissue lining the eyelids
- o Itchy eyes

• EARS

- o Fluid in the ears
- o Frequent ear infections
- o Ear discharge
- o Itchy ears
- o Ringing in the ears

• NOSE

- o Runny nose
- o Sneezing
- o Nasal itching
- o Swelling of the nasal mucous membrane
- o Nasal polyps
- o Frequent colds
- o Crease on the bridge of the nose (from frequent rubbing of the nose)
- o nosebleeds

• MOUTH/THROAT

- o Post nasal drainage (mucous draining down the back of your throat)
- o Sore throat
- o Itchy throat
- o Lump in your throat
- o Bad breath
- o Swollen mount/tongue
- o Difficulty swallowing
- o Cold sores

• SKIN

- o Chronic eczema
- o Itching
- o Hives
- o Swelling below the surface of the skin (angioedema) which is often around the lips and eyes but can be found throughout the body

POSSIBLE SIGNS AND SYMPTOMS OF ALLERGY

• GASTROINTESTINAL

- o Nausea/vomiting
- o Stomach cramps
- o Belching
- o Bloating
- o Heartburn
- o Diarrhea with mucous
- o Stinging after a bowel movement
- o Constipation
- o Irritable bowel syndrome
- o Inflammation of the colon
- o Crohn's disease
- o Ulcers
- o Gallbladder pain

• MISCELLANEOUS

- o Persistent cough
- o Wheezing
- o Hyperactivity
- o Behavior problems
- o Mood swings
- o Fever
- o Weight loss
- o Night sweats
- o Headache
- o Vertigo
- o Difficulty sleeping
- o Drowsiness/fatigue

• INFANTS

- o Any of the above symptoms
- o Colic
- o Bronchitis
- o Diaper rash

This is not an all-inclusive list and allergies may manifest symptoms which are not listed above.

MEDICATION TO BE HELD PRIOR TO YOUR ALLERGY TEST

MEDICATIONS	WHEN TO STOP MEDICATION
Topical Steroid Anti-inflammatories: <ul style="list-style-type: none"> • Creams, ointments, gels, solutions, lotions 	<ul style="list-style-type: none"> • Morning of the test
Antihistamine: <ul style="list-style-type: none"> • Diphenhydramine (Benadryl Diphedryl) • Chlorpheniramine (Chlor-Trimeton) • Brompheniramine (Dimetapp) • Clemastine (Tavist, Antihist) • Combination Drugs (Actifed, Drixora, Trinalin) • Xyzal • Desloratadine (Clarinox) • Cyproheptadine • Dexchlorpheptadine • Promethazine (Phenergan) 	<ul style="list-style-type: none"> • 7 days before test (all below)
Non-sedating antihistamine: <ul style="list-style-type: none"> • Astemizole (Hismanal) • Loratadine (Claritin, Alavert) • Fexofenadine (Allegra) • Cetirizine (Zyrtec) 	<ul style="list-style-type: none"> • 7 days before test (all below)
Sleep Aids <ul style="list-style-type: none"> • Tylenol, Advil, Excedrin “PM” • Any medications that say “PM” • Doxylamine (Unison, sleep aid) 	<ul style="list-style-type: none"> • Night before the test/morning of • Morning of the test • Morning of the test
Asthma medications: <ul style="list-style-type: none"> • Montelukast (Singular) • Zileuton (Zyflo) • Zafirlukast (Accolate) 	<ul style="list-style-type: none"> • Night before the test/morning of • Morning of the test • Morning of the test
Anti-acids: <ul style="list-style-type: none"> • Cimetidine (Tagament) • Ranitidine (Zantac) • Nizatidine (Axid) • Famotidine (Pepcid) • Cisapride (Propulsid) • Metoclopramide (Reglan) • Omeprazole (Prilosec) • Pantoprazole (protonix/Nexium) • Prochlorperazine (Compazine) 	<ul style="list-style-type: none"> • Morning of the test (all below) • 3 Days before the test

MEDICATIONS TO BE HELD PRIOR TO YOUR ALLERGY TEST

MEDICATION	WHEN TO STOP MEDICATION
Medication for Dizziness <ul style="list-style-type: none"> • Meclizine (Antivert, Dramamine, Medivert) 	<ul style="list-style-type: none"> • 7 days before test
Anti- Anxiety agents: <ul style="list-style-type: none"> • Hydroxyzine (Vistaril, Atarax) • Alprazolam (Xanax) • Clonazepam (Klonopin) • Diazepam (Valium) • Lorazepam (Ativan) • Midazolam (Versed) 	<ul style="list-style-type: none"> • 7 days before test
Eye Drops <ul style="list-style-type: none"> • Opivar • Patanol (Olopatadine) • Pataday (Olopatadine) • Pazeo • Alaway • Levocabastine (Livostin) • AllereX 	<ul style="list-style-type: none"> • 7 days before test
Nasal Sprays <ul style="list-style-type: none"> • Astelin • Astepro • Patanase • Dymista 	<ul style="list-style-type: none"> • 7 days before test
Anti-Depressants <ul style="list-style-type: none"> • Nortriptyline (Pamelor) • Doxepin (Zonalon) • Clomipramine (Anafranil) • Desipramine (Norpramin) • Amitriptyline (Elavil) • Imipramine (Tofranil) • Surmontil (Trimipramine) • Protriptyline • Limbitrol (Amitriptyline/Chlordiazepoxide) 	<ul style="list-style-type: none"> • 7 days before test
Miscellaneous Medications <ul style="list-style-type: none"> • Alka Seltzer – check label for antihistamine • Comtrex • Corididin • Nyquil Allergy • Pedicare • Sudafed Allergy • Tavist 	<ul style="list-style-type: none"> • 7 days before test

ALLERGY TREATMENT OPTIONS

Our options for treating your allergies are sublingual drops (placed under your tongue) and injections. The purpose of allergy treatment is to desensitize your body to the allergens that are causing your symptoms. These are the only options for eliminating the cause of your allergies, rather than just treating your symptoms. Treatment is a **3-5 year** commitment with either treatment option because we have to start at a weak dosage and gradually increase to a maintenance dose. Each treatment option is specifically formulated for your particular allergies. Both options are made of the same solutions, which are also the solutions that we test with.

Sublingual therapy has been proven safe and effective but is considered an “off label” use so we **DO NOT BILL INSURANCE FOR THESE**. You **MUST pay** for your allergy drops before they will be mixed for you. If you want contact your insurance company, you must specify “**Sublingual Immunotherapy**” and that it is mixed on site and use the code **95199**. You may be able to use your flex credits or HSA to pay for them.

TREATMENT OPTIONS	ALLERGY INJECTIONS	SUBLINGUAL DROPS
LOCATION	<p style="text-align: center;">At our Altoona office</p> <p style="text-align: center;">We DO NOT do injections at outreach locations We DO NOT allow other clinics to do allergy injections for us.</p>	<p style="text-align: center;">At home</p>
TIME CONSIDERATIONS	<p>Weekly injections for about the first year and then we start increasing the time between each injection. You must remain in the clinic for 20 minutes after each injection.</p>	<p style="text-align: center;">1-2 Minutes a day</p>
INSURANCE COVERAGE	<p>Most insurance companies do cover allergy injections. WE HIGHLY RECOMMEND that you call your insurance company to see if you need to pay your “copay” for each weekly injection.</p> <p style="text-align: center;">We bill your insurance the code 95115 for each weekly injection at \$45.00/week</p> <p style="text-align: center;">MIXING FEES</p> <p>When we mix your solution, we bill your insurance the code 95165 (X 10-25).</p> <p>We mix 10-25 doses at a time at a cost of \$31.00/dose. This charge covers the cost of supplies and the time to mix your solution.</p> <p style="text-align: center;">IT IS ALSO IMPORTANT TO DISCUSS YOUR DEDUCTABLE AND YOUR OUT OF POCKET COSTS THAT YOU WILL INCUR EVEN WITH INSURANCE COVERAGE.</p>	<p style="text-align: center;">WE DO NOT BILL INSURANCE FOR SUBLINGUAL DROPS. THEY ARE AN OUT OF POCKET EXPENSE. \$376.00/6 Months</p>

Name: _____

DOB: _____

Appointment Rescheduling or Cancelling

Because of the commitment of resources and time DeFatta ENT & Facial Plastic Surgery requests notification of cancelled Allergy Testing at least 72 hours prior to the appointment. When a patient fails to show up for an Allergy Test, or to cancel at least 72 hours in advance, our valuable resources are idle and more importantly the opportunity to care for another patient who needs our care is missed. Therefore, No Shows for Allergy Testing without cancelling will result in \$75 fee (non-Medicaid patients) which will be billed to your account.

Please Sign: _____ Date: _____