

PATIENT ACCT NUMBER \_\_\_\_\_



4790 Executive Centre Parkway • St. Peters, MO 63376 • 636.441.3100

J. Michael Conoyer, M.D.  
Karen E. Boone, M.D.  
Robert R. MacDonald III, M.D.  
J. Matthew Conoyer, M.D., F.A.C.S.  
Benjamin M. Conoyer, M.D.  
Matthew P. Page, M.D.

## **Allergy Testing Information**

ALLERGY TESTING appointment on \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Your follow-up visit with your doctor is scheduled on \_\_\_\_\_ at \_\_\_\_\_ AM/PM

### **On the day of testing:**

- Please arrive 10 minutes prior to appointment, late arrivals may need to be rescheduled.
- We ask for 48 hour advance notice for cancellations. Please call the allergy department to do so at 636-441-6012.

### **What to expect during testing:**

- The test covers trees, grasses, weeds, dust, molds and animal dander common to our area.
- During testing, each substance is “prick tested” on the forearm. These results are then confirmed with small injections placed just under the surface of the upper arm skin.
- Pain is usually minimal. If you or your child would like to be prescribed numbing cream for the use on the day of test, please call the allergy department 1 week prior to testing.

### **How to prepare for testing:**

- ASTHMA PATIENTS: Please bring your rescue inhaler with you to avoid rescheduling. -Wear a short sleeve or sleeveless shirt.- Certain Medications may interfere with your allergy test, PLEASE SEE BACK OF THIS SHEET FOR MEDICATIONS TO STOP TAKING 5 DAYS PRIOR TO TESTING.

**Medications Containing Antihistamines (including nasal sprays & eye drops):**

**STOP TAKING 5 days prior to testing!**

Allegra (fexofenadine)	Atarax (hydroxyzine)	Xyzal (levocetirizine)
Zyrtec (cetirizine)	Benedryl (diphenhydramine)	Claritin (loratadine)
Clarinex (desloratadine)	All "Allergy" or "Cold & Sinus" OTC medications	Patanol/Pataday (olopatadine eye drops)
Astelin/Astepro (azelastine nasal)	Optivar (azelastine eye drops)	Patanase (olopatadine)
R-Tanna/Rynatan/Ru-Tuss/AllerRx (chlorpheniramine)	Extendryl (dexchlorpheniramine)	Dimetapp (brompheniramine)
Dymista ( a combination of azelastine/fluticasone)		

**Sedatives, Reflux and Nausea Medications: STOP TAKING 5 days prior to testing!**

All "Nighttime" "PM" medications	Klonopin (clonazepam)	Valium (diazepam)
Ambien (zolpidem)	Antivert/Bonine (meclizine)	Xanax (alprazolam)
Elavil (amitriptyline)	Pepcid (famotidine)	Zantac (ranitidine)
Ativan (lorazepam)	Phenergan (promethazine)	Dramamine (dimenhydranate)
Compazine (prochlorperazine)	Tagamet (cimetidine)	Melatonin (methoxytryptamine)

**Beta Blocker Medication: Stop taking 5 days prior to testing!**

Metoprolol	Propranolol	Atenolol
Acebutolol	Bisoprolol	Nebrivolol
Nadolol	Carvedilol	

**INSURANCE**

It is the responsibility of all patients to check with their insurance company prior to testing for coverage and benefits as they pertain to allergy testing and treatment. Patients will be responsible for any charges not covered by insurance.

When contacting your insurance company, please use the \*ICD-10 diagnosis code J30.2\* ("allergic rhinitis") and the following CPT testing/treatment codes:

- Allergy Testing: \*95004 and 95024\* (up to 39 units each)
- Allergy Shots: 95117
- Treatment Vials: 95165
- Sublingual Allergy Drops: Not covered by insurance.