



\$50 CANCELLATION / NO-SHOW FEE

Due to an increase in cancellations and no-show visits, we have established a cancellation fee of \$50. We ask that you please **commit to your scheduled time or call us 48-hours in advance in order to avoid this fee.**

Certain medications will affect your skin testing results, which include: anti-allergy medicines, antihistamines, anti-cold medicines, stomach medicines, steroids, psych and mental health medicines, heart medicines, eye drops, and others.

It is very important that you **discontinue appropriate medications up to one week prior to testing in order to avoid this fee.** Please read this entire packet for medication details.

By signing this consent I agree to **read this packet at least one week prior to my testing**, including the list of medications that must be discontinued prior to the testing. I will complete the packet prior to my testing and bring the completed packet with me to my skin test appointment. I acknowledge that I will be responsible for a **\$50 fee** if I either do not cancel within 48-hours of my appointment or do not comply with above instructions. **Please do not bring children under the age of 10.**

PRINT PATIENT NAME: DOB: ____/____/____



Michigan ENT
& Allergy Specialists

SIGNATURE OF PATIENT/GUARDIAN DATE:

EMPLOYEE INITIALS:

**HOLLAND
HAVEN**
3100 N. Wellness
Holland, MI 49424
49090

Michigan ENT & Allergy Specialists
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Fax: 616-920-6533



Michigan ENT
& Allergy Specialists

PENICILLIN SKIN TESTING

Pre-Testing Information

Welcome to MI ENT & Allergy Specialists

At Michigan ENT & Allergy Specialists, we are proud to be your regional specialists in allergic disease. Our expertise ranges from the simple sniffles to the life-threatening potential of peanut allergy. We offer comprehensive testing and treatment in a variety of areas using the purest materials to get to the bottom of your environmental, food, peanut and tree-nut, asthmatic, penicillin, and other allergy concerns. In 2017, we performed nearly **1,000 allergy skin tests** and we currently perform allergy immunotherapy for over **750 patients!**

SCHEDULED APPOINTMENT TIME

DAY: _____

DATE: _____

TIME: _____



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- Please read this entire packet -

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Patient Preparation

1) **Medication Discontinuation:**

Attached is a list of medications that need to be discontinued **prior** to your skin testing. Please read the list and follow the instructions for any medications you take on the list.

2) **Questionnaire:**

Please completely fill out the attached allergy questionnaire, **prior** to your appointment. Please bring it with you to your appointment; it helps us gain an understanding of your symptoms and how and when your symptoms affect you.

3) **Dress Attire:**

We encourage **short sleeves** as skin testing is performed on your arms. Layering with a t-shirt under long sleeves is helpful too. Younger children should wear or bring shorts to the skin testing appointment as sometimes we use the top of the thigh for a testing area. Please do not wear any perfumes, body scents, or colognes on the day of testing.

4) **Children**

We kindly ask that you do not bring small children with you.

5) **Eat a Snack:**

It is important you eat **prior** to your scheduled appointment time. If you are being tested in the morning, eat breakfast; if you are being tested in the afternoon, eat lunch.

6) **Need to Reschedule?**

If you must reschedule this skin testing appointment, it is very important you contact our office at least **48-HOURS PRIOR** to your scheduled appointment to avoid a **\$50 CANCELLATION/NO-SHOW FEE.**

If you have any questions or concerns please call our office:

616.994.2770

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What to Expect on Day of Procedure

Before Arrival

On the day of your procedure, you should have **already read through this entire skin testing packet** and **discontinued all appropriate medications**. Be sure to double-check the time of your appointment and **arrive 15-minutes ahead of time**. You will be greeted by our front desk staff who will alert the allergy team of your arrival. Anticipate your testing to take approximately **90-120 minutes**.

Testing

In our office, a trained allergy nurse performs three stages of penicillin testing.

The first is called **Prick Testing**. This involves placing both liquid penicillin formulations and control liquids on your skin and pressing them firmly into the top layers of your skin. If you react on the skin in this stage, a penicillin allergy is confirmed and all remaining testing stops. This phase takes approximately 20-minutes.

If you do not react, our allergy nurses move on to **Intradermal Testing**. This stage is when five, small superficial injections are used to place both penicillin formulations and normal-saline control just underneath the surface of the skin. This is usually done on the upper arm. Again, we wait for any reactions. If you react, a penicillin allergy is confirmed and all remaining testing stops. This phase takes approximately 20-minutes.

Finally, if you do not react to any of the skin testing above, we move on to the third phase of testing called **Oral Challenge**. This is used to confirm negative skin test results. This involves two small doses of oral amoxicillin followed by a waiting period of 60-minutes. If no reactions occur, we can confirm that you are not allergic to penicillin and you are free to take penicillin based medications. If you are allergic in this stage, most reactions are mild and include itching, hives, or other systemic symptoms.

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Emergencies are rare and we are prepared to intervene if necessary. All of our testing takes place with skilled allergy clinicians nearby. If your child is undergoing testing, we do have the capacity to order liquid amoxicillin for the oral challenge portion of the testing.

Billing

We understand that finances may play a role in your allergy testing and treatment. Despite most insurance companies providing excellent allergy coverage, we want to provide you with clarity. Below are specific **CPT codes** that will be billed. **You can call your insurance company with these codes to discuss coverage and calculate cost.**

CPT CODE for PENICILLIN ALLERGY SKIN TEST

95018 – billed once per penicillin allergy test

DIAGNOSIS CODES for PENICILLIN ALLERGY SKIN TEST

Z88.0

If you have any billing/insurance concerns, please call our billing department:

616.433.6003

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Medication Discontinuation

ANTI-HISTAMINES and H2-BLOCKERS

Below you will find the names of several antihistamines and H2-blockers that **need to be discontinued prior to your skin testing appointment**. This list is not a comprehensive list. If you have questions regarding a specific medication – contact MI ENT & Allergy Specialists.

Stop **7-DAYS** before testing Stop **4-DAYS** before testing

Alavert (Loratadine)	Aller-Chlor
Allegra (Fexofenadine)	Aller-dryl
Allerhist-1	Actifed Sinus
Antivert	Banophren
Astelin	Calm-aid
Atarax	Chlo-Amine
Benadryl (Diphenhydramine)	Chor-Al Rel
Chlorpheniramine	Chlor-mal
Cimetidine	Chlor-Penit
Claritin/Clarinet (Loratadine)	Chlor-Amine
Contac	Chlorphen
Cyproheptadine	Chlor-Trimeton
Deconamine	Compoz Night Time
Doxepin	Diphenhydramine
Dymista	Diphen
Famotidine	Effidac-24
Hydroxyzine	Genahist
Loratadine	Hydramine
Meclizine, Naphcon-A	Nu-Med
Nyquil (also ZzzQuil)	Nytil Caplet
Optivar	PBZ & PBZ-SR
Pataday	Compoz Night Time
Patanol	Phenergen
Pazeo (Olopatadine)	Promethazine
Pepcid	Prorex 25 & 50
Periactin	Ridraman
Prednisone	Scot-Tussin Allergy
Quintadrill	Sominex
Ranitidine	Twilite
Sinequan	Unisom Sleep Gels
Tagamet	
Tavist	
Tylenol PM	
Vicks, Visine	
Vistaril	
Xyzal (Levocetirizine)	
Zantac	
Zatidor	
Zyrtec (Cetirizine)	

BETA-BLOCKER MEDICATION

Beta-blockers are common medicines used to treat blood pressure, heart disease, arrhythmias, anxiety, migraine headaches, glaucoma, and many other conditions. Beta-blockers **cannot** be

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taken prior to skin testing. Beta-blocker medicine must be discontinued **4-days** prior to allergy skin testing. However, **you must contact the physician who prescribed this medication to make sure you are able to safely discontinue this medicine.** If you plan to pursue treatment with allergy shots or drops, beta-blockers must be discontinued indefinitely during this process.

Stop **4-DAYS** before testing

Acebutolol
Atenolol
Betapace (AF)
Bisoprolol
Bisoprolol/hydrochlorothiazide
Brevibloc
Bystolic
Carvedilolol
Coreg (CR)
Corgard
Corzide
Esmolol
Hydrochlorothiazide/metoprolol
Hydrochlorothiazide/propranolol
Inderal (LA)
Innopran XL
Kerlone
Labetalolol
Levator
Lopressor
Lopressor HCT
Metoprolol
Nadolol
Pindolol
Propranolol
Sectral
Sotalol (AF)
Tenoretic
Ternormin
Timolide 10-25
Toprol XL
Trandate
Zebeta
Ziac

EYE DROPS

AK Beta
Betagan
Betaxolol
Betoptic
Carteolol
Kerlone
Levobunolol
Metipranolol
Octipranolol
Ocumeter
Ocupress
Timolol
Timoptic

TOPICAL CORTICOSTEROIDS

Below you will find the names of topical corticosteroids that **need to be discontinued prior to your skin testing appointment.** This list is not a comprehensive list. If you have questions regarding a specific medication – contact MI ENT & Allergy Specialists.

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Stop **21-DAYS** before testing

Aclovate	Desonate	Proctocort
Ala-Cort	DesOwen	Proctozone
Ala-Scalp	Diprolene	Psorcon
Alphatrex	Deiprolene	Rectacort
ANucort	Diprolene	Sarnol
Anumed	Diprosone	Scalacort
Anusol-HC	Elocon	Scalp-Cort
Apexico	Embeline	Sernivo
Apexicon-E	Florone	Synalar
Aristocort	Fluocinonide	Temovate
Beta-Val	Fluorosyn	Texacort
Betacort	Gly-Cort	Topicort
Betamethasone	Gynecort	Triacet
Betamethacot	Halog	Trianex
Betnovate	Halonate	Triamcinolone
Caldecort	Hemmorex	Tridesilon
Capex	Hemorrhoidal-HC	U-Cort
Carmol	Hemril	Ultravate
Cetacort	Hytone	Valisone
Cinolar	Instacort	Vanos
Clobevate	Itch-X	Verdeso
Clobex	Kenalog	Westcort
Clodan	Keratol	
Coraz	Lacticare	
Cordran	Lidex	
Cormax	Locoid	
Cortaid	LoKara	
Corticaine	Luxiq	
Cortizone	Maxiflor	
Cotacort	Mi-Cort	
Cutivate	Nolix	
Cyclocort	NuCort	
Del-Beta	Nutracort	
Derma-Smoothe	Olux	
Dermarest	Oralone	
Dermasorb	Pandel	
Dermatop	Pediaderm	
Dermovate	Preparation-H	
Dermtex	Procto-Kit	

PSYCHOTROPIC & MENTAL HEALTH MEDICATIONS

Certain psychotropic medicines act in ways that suppress histamines and affect skin testing. These classes include anti-depressant medications, anti-anxiety medications, sedatives, headache medicines, mood stabilizers, sleep medicines, and many more. These medications must be discontinued as shown below for your skin testing to go appropriately. However, you must contact your prescribing physician for these medicines to make sure you can safely discontinue them.

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Stop **5-DAYS** before testing

Ativan (Lorazepam)
Klonopin (Clonazepam)
Valium (Diazepam)
Remeron (Mirtazapine)
Seroquel (Quetiapine)
Adapin (Doxepin)
Xanax (Alprazolam)
Restoril (Temazepam)

Stop **3-DAYS** before testing

Ambien (Zolpidem)
Lunesta (Eszopiclone)
Oleptro (Trazodone)
Wellbutrin (Bupropion)
Buspar (Buspirone)
Celexa (Citalopram)
Cymbalta (Duloxetine)
Effexor (Venlafaxine)
Elavil (Amitriptyline)
Lexapro (Escitalopram)
Nortriptyline/Aventyl/Pamelor
Paxil (Paroxetine)
Serzone (Nefazodone)
Zoloft (Sertraline)
Prozac (Fluoxetine)
Pristiq (Desvenlafaxine)
Any Tricyclic Antidepressant

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Penicillin Testing Questionnaire

YOUR NAME: _____ DOB: _____

MRN: _____

QUESTION 1

Who told you that you have a penicillin allergy (more than one may apply)?

- | | |
|---|---|
| <input type="checkbox"/> I know I have an allergy | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Physician | <input type="checkbox"/> No one told me |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Not sure |

QUESTION 2

Have you ever had a penicillin allergy skin test? ☐ Yes ☐ No

If Yes, the test result was:

- ☐ Positive
☐ Negative
☐ Not sure

QUESTION 3

When did you last receive penicillin?

- ☐ Less than 1 year ago
☐ 1-5 years ago
☐ 5-10 years ago
☐ 10+ years ago
☐ Not sure

QUESTION 4

When was your last allergic reaction to penicillin?

- ☐ Less than 1 year ago
☐ 1-5 years ago
☐ 5-10 years ago
☐ 10+ years ago
☐ Not sure

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- CONTINUE TO NEXT PAGE -

YOUR NAME: _____ **DOB:** _____

MRN: _____

QUESTION 5

What was the nature of your reaction to penicillin?

- ☐ Rash / Hives
- ☐ Anaphylactic reaction (BP problems, difficulty breathing, tongue/lip swelling)
- ☐ Feeling jittery
- ☐ Dizziness
- ☐ Tingling
- ☐ Fatigue
- ☐ Nausea/vomiting
- ☐ Diarrhea
- ☐ Heartburn/abdominal discomfort
- ☐ Chest pain/palpitations
- ☐ Other (describe) _____

QUESTION 7

How quickly did the reaction develop after the penicillin was taken?

- ☐ Minutes
- ☐ Hours
- ☐ Days
- ☐ Weeks
- ☐ Not sure

QUESTION 8

Have you ever been diagnosed with Stevens Johnsons Syndrome or Toxic Epidermal Necrolysis?

Symptoms: skin peeling, mouth ulcers, eye irritation, dehydration, hospitalization, ICU stay

- ☐ Yes
- ☐ No
- ☐ Not sure



SIGNATURE: _____

DATE: _____

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