



## Skin Test Packet Consent

### **\$50 CANCELLATION / NO-SHOW FEE**

#### **Valued patient-**

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.

We are unable to perform allergy skin testing if you are pregnant. If you are pregnant or think you might be pregnant, please call our office to be rescheduled. We apologize for the inconvenience.

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.**



# ALLERGY 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 find the underlying cause of your environmental, food, peanut and tree-nut, asthmatic, penicillin, and other allergy concerns.

### SCHEDULED APPOINTMENT TIME

**DAY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_



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**Michigan ENT & Allergy Specialists  
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Phone: 616-994-2770

[www.michiganentalergy.com](http://www.michiganentalergy.com)

Fax: 616-920-6533



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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 **up to one week 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) 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.

### 5) 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. You will be greeted by our front desk staff who will alert the allergy team of your arrival. Anticipate your testing to take approximately **75-minutes**.

## Testing

After the allergy team calls you back and reviews your paperwork, your allergy testing appointment will start with a short and quick breathing test called spirometry. This test measures if you have enough lung function to proceed with testing. After you have passed your breathing test, we move onto actual allergy testing. We utilize two different testing methods to accurately diagnose allergies.

**Prick Testing** is performed first. This involves putting liquid allergy formulations on the skin and pressing them firmly into the top layers of the skin with a small plastic device. This is generally performed on the forearms, but may be done on the back.

**Intradermal testing** is performed second. This requires a minimal amount of allergen extract to be injected under the skin to test for further reaction. If you or your child reacts to one of the allergens, your skin will respond with minor swelling, redness and itching.

Your allergy skin test may include testing for many different types of allergens, including:

- Environmental allergens: dust mites, pets, tree pollens, weeds, grasses, and more
- Food allergens: eggs, milk, soy, peanut, and others

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## 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 Codes for **ALLERGY SKIN TESTING**:

Spirometry 94010 – billed once per skin test  
Epicutaneous 95004 – billed for each prick (x32 environmental + x16 foods = x48 total)  
Intradermal 95024 – billed for each intradermal injection (up to 30x per test)

### CPT Codes for **PENICILLIN ALLERGY TESTING**:

Penicillin Test 95018 – billed once per penicillin allergy test

### CPT Codes for **SUBCUTANEOUS IMMUNOTHERAPY (SCIT, “shots”)**

Injections 95115 – billed per injection (weekly) if you receive 1 injection each visit  
95117 – billed per injection (weekly) if you receive 2+ injections each visit  
Mixing 95165 – billed once approximately 9-12 weeks  
Vial Test 95024 – billed once approximately 9-12 weeks

### CPT Codes for **SUBLINGUAL IMMUNOTHERAPY (SLIT, “drops”)**

New Vial \$265 – billed to patient approximately every 12-weeks  
Education 99211 – billed once upon the start of your drop treatment

### DIAGNOSIS CODES

Allergic rhinitis due to pollen J30.1  
Allergic rhinitis due to other allergens J30.2  
Food allergy Z91.018  
Penicillin allergy Z88.0

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

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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)  
Allegra (Fexofenadine)  
Allerhist-1  
Antivert  
Astelin  
Atarax  
Benadryl (Diphenhydramine)  
Chlorpheniramine  
Cimetidine  
Claritin/Clarinex (Loratadine)  
Contac  
Cyproheptadine  
Deconamine  
Doxepin  
Doxylamine  
Dymista  
Famotidine  
Hydroxyzine  
Loratadine  
Meclizine, Naphcon-A  
Nyquil (also ZzzQuil)  
Optivar  
Pataday  
Patanol  
Pazeo (Olopatadine)  
Pepcid  
Periactin  
Quintadrill  
Ranitidine  
Sinequan  
Tagamet  
Tavist  
Tylenol PM  
Unisom Sleep Gels  
Vicks, Visine  
Vistaril  
Xyzal (Levocetirizine)  
Zantac  
Zatidor  
Zyrtec (Cetirizine)

Aller-Chlor  
 Aller-dryl  
 Actifed Sinus  
 Banophren  
 Calm-aid  
 Chlo-Amine  
 Chor-Al Rel  
 Chlor-mal  
 Chlor-Penit  
 Chlor-Amine  
 Chlorphen  
 Chlor-Trimeton  
 Compoz Night Time  
  
 Diphedryl  
 Diphen  
 Effidac-24  
 Genahist  
 Hydramine  
 Nu-Med  
 Nytol Caplet  
 PBZ & PBZ-SR  
 Compoz Night Time  
 Phenergen  
 Promethazine  
 Prorex 25 & 50  
 Ridraman  
 Scot-Tussin Allergy  
 Sominex  
 Twilite

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## 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 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

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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.

### 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	

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## 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.

### Stop 5-DAYS before testing

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

### 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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## Allergy Questionnaire

YOUR NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN: \_\_\_\_\_

### Office use Only

#### SYMPTOMS:

Please check any allergy symptoms you may have:

_____ cough	_____ runny nose	_____ nasal polyps	_____ eczema
_____ poor sense of smell	_____ nasal congestion	_____ wheezing	_____ hives
_____ shortness of breath	_____ itchy nose	_____ ear infections	_____ sneezing
_____ chest tightness	_____ itchy/watery eyes	_____ sinus infection	_____ snoring
_____ headaches	_____ postnasal drip	_____ blocked ears	_____ fatigue

How long have you had allergy symptoms? \_\_\_\_\_

What time of year do you suffer most? \_\_\_\_\_

When are allergies particularly worse for you? \_\_\_\_\_ indoor \_\_\_\_\_ outdoor \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_ not sure

Do you have pets? \_\_\_\_\_ no \_\_\_\_\_ cat \_\_\_\_\_ dog \_\_\_\_\_ other

Are your pets allowed in your bedroom? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Do allergies disturb your sleep? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do allergies cause you to miss school or work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been diagnosed with asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been hospitalized for allergy problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had a severe reaction to immunizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

What allergy medications have you already tried?

\_\_\_\_\_

#### PREVIOUS TESTING:

Have you ever been tested for allergies before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had allergy shots before? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, did they help? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Did you ever have a reaction to an allergy shot? ☐ Yes ☐ No ☐ N/A

**YOUR NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**MRN:** \_\_\_\_\_

**MEDICATION ALLERGIES:**

Have you ever had an allergic reaction to a medication? ☐ Yes ☐ No

If yes, please list medication and reaction: \_\_\_\_\_

**FOOD ALLERGIES:**

Have you ever had hives or anaphylaxis (difficulty breathing, throat swelling) after eating a certain food?

☐ Yes ☐ No If yes, what food? \_\_\_\_\_

Do foods cause you to have diarrhea, gas, heartburn, nausea, vomiting, and/or chronic abdominal pain? \_\_\_\_\_

☐ Yes ☐ No If yes, what food? \_\_\_\_\_

**SOCIAL HISTORY:**

Do you smoke? ☐ Yes ☐ No

If yes, for how long and how much? \_\_\_\_\_

Do people smoke in your house? ☐ Yes ☐ No

Are you pregnant, trying to conceive, or nursing a baby? ☐ Yes ☐ No

How long have you lived in Michigan? \_\_\_\_\_

\_\_\_\_\_

Please list any other areas of residence: \_\_\_\_\_

\_\_\_\_\_

What describes your primary place of living: ☐ home ☐ apartment ☐ mobile home ☐ other

How do you heat your home? ☐ forced air ☐ wood stove ☐ fireplace ☐ other

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Do you have a humidifier on your furnace? ☐ Yes ☐ No

Is your home air conditioned? ☐ Yes ☐ No

Do you have a basement? ☐ Yes ☐ No

Is basement ever damp or moist? ☐ Yes ☐ No

Please list current occupation: \_\_\_\_\_

Are you exposed to anything at work or school that aggravates your symptoms? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SNOT-20**

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1. Consider how severe the problem is when you experience it and how frequently it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel.  2. Please mark the most important items affecting your health (maximum of 5 items)	No Problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be		5 most important items
1. Need to blow nose	0	1	2	3	4	5		<input type="radio"/>
2. Sneezing	0	1	2	3	4	5		<input type="radio"/>
3. Runny nose	0	1	2	3	4	5		<input type="radio"/>
4. Cough	0	1	2	3	4	5		<input type="radio"/>
5. Post-nasal discharge	0	1	2	3	4	5		<input type="radio"/>
6. Thick nasal discharge	0	1	2	3	4	5		<input type="radio"/>
7. Ear fullness	0	1	2	3	4	5		<input type="radio"/>
8. Dizziness	0	1	2	3	4	5		<input type="radio"/>
9. Ear pain	0	1	2	3	4	5		<input type="radio"/>
10. Facial pain / pressure	0	1	2	3	4	5		<input type="radio"/>
11. Difficulty falling asleep	0	1	2	3	4	5		<input type="radio"/>
12. Wake up at night	0	1	2	3	4	5		<input type="radio"/>
13. Lack of sleep	0	1	2	3	4	5		<input type="radio"/>
14. Wake up tired	0	1	2	3	4	5		<input type="radio"/>
15. Fatigue	0	1	2	3	4	5		<input type="radio"/>
16. Reduced productivity	0	1	2	3	4	5		<input type="radio"/>
17. Reduced concentration	0	1	2	3	4	5		<input type="radio"/>
18. Frustrated / restless / irritable	0	1	2	3	4	5		<input type="radio"/>
19. Sad	0	1	2	3	4	5		<input type="radio"/>
20. Embarrassed	0	1	2	3	4	5		<input type="radio"/>

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