Adult & Pediatric Otolaryngology
Head & Neck Surgery
Facial Plastic Surgery
Endoscopic Sinus Surgery
Neurotology
Skull Base Surgery
Reconstructive Surgery
LASER Surgery
Nasal Allergy
Clinical Audiology
Hearing Aid Dispensing
Voice Care

The Ear, Nose, Throat & Plastic Surgery Associates

www.entorlando.com

Henry N. Ho, M.D., F.A.C.S.
Jeffrey J. Lehman, M.D., F.A.C.S.
Izak H. Kielmovitch, M.D., F.A.C.S., F.A.A.P.
Jeffrey E. Baylor, M.D., F.A.C.S.
Kiran Tipirneni, M.D., F.A.C.S.
Brian C. Spector, M.D., F.A.C.S.
Aftab H. Patni, M.D., F.A.C.S.
Hao N. Tran, M.D., F.A.C.S.
Barry S. Kang, M.D., F.A.C.S.
Armon Jadidian, M.D.
Gayle E. Woodson, M.D., F.A.C.S.
Jeffrey S. Fichera, M.S., PA-C
Jessica E. Curley, M.S., PA-C
Kelly L. Richards, M.S., PA-C
Bibi Farida Hussain, M.S., PA-C
Rebecca G. Korman, M.S., PA-C

INSTRUCTIONS FOR ALLERGY TESTS

An appointment for allergy testing has been made on

_____ at _____A.M. or P.M.

at the Winter Park Office Altamonte Springs Office Michigan Street Office.

1. **DO NOT** take antihistamines, such as Dymista Nasal Spray, Patanase, Zyrtec, Allegra, eye drops containing antihistamines, any form of cold tablets, or over the counter medications containing antihistamines, 72 hours prior to the test. Please contact your pharmacist if you are not sure if your medication contains antihistamines.

2. Do not take Zantac, Tagamet, Pepcid and Vitamin C 2000mgm or more per day, 72 hours prior to testing.

3. Please advise us if you are currently taking any antidepressants.

4. If you are running a fever as a result of a cold or flu or have an attack of asthma, testing should be delayed. Please notify this office 24 hours in advance if this should occur.

5. Please avoid the highlighted foods 3 days prior to your testing.

6. Please complete the questionnaire and consent forms and present them at the time of your testing.

7. Please **DO NOT** wear perfumes, colognes, or lotions the day of testing. Deodorant is fine.

8. Part 1 of your test will be done on your back. Part 2 of your test will be done on your upper arms. Please wear a sleeveless or loose short sleeve shirt.

9. Avoid sunburn on your arms and back 1 week prior to testing.

10. If an **unusual** or **severe** symptom such as sneezing, coughing, itching, hives, or asthma occurs following the allergy testing, please contact our office immediately.

11. Please tell us which lab your insurance company is contracted with so that we may order the correct blood testing for foods.

7/14/16

☐ 133 Benmore Drive, Suite 100
Winter Park, FL 32792-4111
TEL: 407-644-4883
FAX: 407-644-3697

☐ 107 The Hermits Trail
Altamonte Springs, FL 32701-3619
TEL: 407-834-9120
FAX: 407-834-3432

☐ 44 W. Michigan Street
Orlando, FL 32806-4453
TEL: 407-422-4921
FAX: 407-839-1746

☐ 400 Celebration Place, Suite A120
Celebration, FL 34747-4970
TEL: 407-422-4921
FAX: 407-839-1746