

32121 Woodward Ave. Ste. 203 Royal Oak, MI 48073 Anil K. Gupta, MD

Patient Instructions for Allergy Testing

Patient:		Appt. Date:			Time:	
** DISCONTINUE ALL AN PRIOR TO TESTING!!**	k C	laritin	er the counter a Allegra allegy medicat	Zyrtec) FOR ONE W Benaryl	EEK Tavist
1. Wear loose clothin upper arms.	ıg, preferab	oly a loose t-s	shirt. Skin testi	ng will be prefo	ormed on the fo	orearms and
2. Small red lesions i	may be noti	iceable on th	e upper arms fo	or 3 – 5 days af	ter testing.	
3. Eat a small meal 1 Avoid exercise pri		-	pointment. The	e testing will ta	ke approximate	ely 90 minutes
4. Please notify us if disorder, or previo	•			ma, organ trans	splant, HIV, an	y autoimmune
5. If you have a fever rescheduled.	r within 24	hours, asthm	na attack, or sev	vere hayfever, t	hen testing sho	uld be
6. Please let us know	prior to yo	our appointm	ent if you are o	on any of the fo	llowing medica	ations:
A. Beta Block	ker Antihyp	pertensives:				
Ateno	olol Be	etapace	Blocarden	Brevibloc	Cartrol	
Corda	rone Co	oreg	Corgard	Inderal	Kerlone	
Levate	ol Lo	opressor (Me	etoprolol)	Normodyne	Sectral	
Tenor	min To	oprol-XL	Trandate	Visken	Zebeta	

B. Glaucoma Eye Drops, St. John's Wort

C. Antidepressants