

WELCOME LETTER

Hello! Welcome! We are looking forward to meeting you. Please complete both sides of the patient information sheet. Note that there are different sheets for children and adults. Please complete all information including the name and address of any referring physician(s) to whom you would like a report sent. Please sign all 3 signature lines on the back of the form.

It is very important that you complete the patient history form in full before you come into the office. If the form is incomplete, your appointment may be delayed while we see other patients, possibly, rescheduled. It will take about 10-20 minutes to complete.

Please be sure to bring your insurance card and be prepared to pay your co pay and/or half of any remaining deductible. We accept all major credit cards, cash, and checks.

If your insurance is one that requires a referral, please take care of this prior to your appointment and then follow up with your primary care provider to be sure that this has been taken care of. If there is no referral in place when you come into the office, your appointment may have to be rescheduled.

There are certain medications that must be avoided prior to skin testing. You will find a list of those medications with the new patient paperwork. If you have any questions at all about this list or about any other medications, please call our office and our nursing staff will be happy to discuss your concerns with you.

We want your visit to be a pleasant one! Plan to be in our office for 2-3 hours if you are undergoing allergy testing. All treatment is individualized, and therefore, we can only provide you with time estimates. You may want to bring a book, your laptop (WE HAVE WI-FI!) or if a child, some toys and perhaps a snack.

Due to the fact that we schedule a minimum of 2 hours for your appointment, we ask that you give us a least a 24 hour notice in the event that you are unable to keep your appointment.

Please do not hesitate to call us should any questions arise prior to your visit. Visit our website at www.allergyatlanta.com.

Yours Very Truly,

Allergy and Asthma Consultants, P.C.

IMPORTANT NOTICE REGARDING YOUR INSURANCE COVERAGE

PLEASE CALL YOUR INSURANCE COMPANY AND VERIFY YOUR BENEFITS PRIOR TO YOUR VISIT. WHEN YOU CALL YOUR INSURANCE COMPANY YOU WILL WANT TO SPECIFICALLY INQUIRE ABOUT "ALLERGY TESTING".

IT IS YOUR RESPONSIBILITY TO KNOW THE DETAILS OF YOUR OWN INSURANCE COVERAGE. BE AN INFORMED CONSUMER.

PLEASE CALL US IF WE CAN BE OF ANY HELP TO YOU!

ALLERGY AND ASTHMA CONSULTANTS, P.C.

Paul S. Rabinowitz, M.D.

Mark D. Livezey, M.D., Ph.D.

Glen L. Nadel, M.D.

APPOINTMENT INFORMATION

1. PLEASE DO NOT WEAR STRONG PERFUMES, SKIN LOTIONS, OR OILS. Many of our patients are asthmatics who have severe symptoms from strong odors. Lotions and oils may also make skin testing more difficult.

2. ANTIHISTAMINE DRUGS SHOULD BE STOPPED FOR AT LEAST THREE DAYS PRIOR TO YOUR APPOINTMENT. Drugs that contain antihistamine or have antihistaminic effects can result in negative reactions to skin testing. As a result, it may not be possible to properly interpret results of skin testing, and skin testing may have to be repeated at a later date. Examples are:

ACTIFED

ALAVERT
ALKA SELTZER PLUS
ALLEGRA
ALLEGRA D
ALLEREST
ALLERGY RELIEF MEDICATION
ASTELIN NASAL SPRAY
ATARAX
BENADRYL
BIOHIST LA
BROMFED
CHILDREN'S TYLENOL COLD
CETIRIZINE
CHLOR-TRIMETON (CTM)
CHLORPHENIRAMINE
CLARITIN
CLARITIN D
CLARINEX
COMHIST
COMTREX
CONTAC
CORICIDIN

DECONAMINE
DIMETANE
DIMETAPP
DIPHENHYDRAMINE
DOXEPIN
DRAMAMINE
DRISTAN
DRIXORAL
DURA-TAP
FEXOFENADINE
HYDROXYZINE HCL
ISOCOLOR
LORATADINE
MESCOLOR
NALDECON
NOVAFED-A
NOVAHISTINE
OPTIMINE
PERIACTIN

PHENERGAN
POLARAMINE
PYRIBENZAMINE (PBZ)
RONDEC
RU-TUSS
RYNATAN
SINE-AID
SINEQUAN
SUDAFED PLUS
TAVIST
TELDRIN
TRIAMINICIN

TRINALIN
VISTARIL
XYZAL
ZYRTEC
ZYRTEC D

3. DRUGS CONTAINING "HIDDEN" ANTIHISTAMINES SHOULD BE STOPPED FOR THREE DAYS PRIOR TO SKIN TESTING. Examples are:

BAYER PM
EXCEDRIN PM
MIDOL
NYQUIL
NYTOL

PREMSYN PMS
MOTRIN PM
SLEEP-EZE
SLEEPINAL
SOMINEX

TYLENOL PM
TYLENOL ALLERGY/SINUS
UNISOM

4. DECONGESTANT PREPARATIONS WITHOUT ANTIHISTAMINES MAY BE CONTINUED, BUT SHOULD NOT BE TAKEN WITHIN 12 HOURS OF SKIN TESTING. Examples are:

DECONSAL II
DEFEN LA
DURA-TUSS
DURA-VENT

ENTEX
GUAIFED
GUAIFED PD
EFIDAC

PROFEN II
SUDAFED
SUDAFED SINUS

Suite 325
5555 Peachtree-Dunwoody Road
Atlanta, Georgia 30342-1712
(404) 255-9286
Fax: (404) 250-0740

Suite 208
656 Indian Trail Road
Lilburn, Georgia 30047
(770) 925-2559
Fax: (770) 564-2864

Suite 250
3275 Market Place Blvd.
Cumming, Georgia 30041
(770) 889-8636
Fax: (770) 844-7565

Building 600, Suite 620
11660 Alpharetta Highway
Roswell, Georgia 30076
(770) 740-9600
Fax: (770) 740-9306

Building A, Suite A
3400 McClure Bridge Rd.
Duluth, Georgia 30096
(770) 813-0254
Fax: (770) 813-0255

