

Allergy Testing Information: Day of Testing

- The test will be performed at our BELL OFFICE at:
3805 E. Bell Rd. Ste. 5800, Phoenix, AZ 85032
- Allergy skin testing takes approximately **1 hour** for adults and **30 minutes** for patients 15 and under.
- Please note, if we need to cancel or reschedule your test because you showed up late or you took any antihistamines, tricyclic antidepressants, or beta blockers in the last 7 days, mistakenly or not, a \$50 fee will be assessed to your account.
- Prior to the allergy test, you will need to complete the allergy questionnaire and consent form.
- Before we start the skin testing, we will ask if you have taken any antihistamines, tricyclic antidepressants, or beta blockers in the last 7 days. You should have received a list of the medications that should be stopped 7 days prior to the day of testing. We cannot administer skin testing if you are unable to stop taking medications that interfere with allergy testing or have a severe skin disease that would make skin testing difficult. In these cases, we can use a blood test to determine the allergens you are sensitive to.
- We use two testing methods called prick/puncture and intradermal testing. Most patients tolerate both types of testing very well.

Prick/puncture testing involves pricking the skin on your upper back with a device that allows us to test for eight allergens at a time. After 15 minutes, we will check the test site to see which allergens have caused a reaction called a wheal, which is a tiny bump that looks like a mosquito bite. A wheal indicates sensitivity to the allergen.

Depending on the prick/puncture testing results, intradermal testing may be needed to get more information about some of the allergens. For intradermal testing, we inject a tiny amount of the diluted allergen just beneath your skin. After about 10 minutes, we will measure the resulting wheal.

- Our office tests for 38 different allergens (pollens, dust mites, molds, cat, dog, and horse). We **do not perform skin tests for food allergens**. If you are concerned about these, please ask at your visit and we can discuss an allergy elimination diet.
- If the tests are positive for allergies, we will discuss treatment options with you. These may include:
 - **Avoidance** We may suggest changes in your diet, activities, and/or environment to decrease your exposure to allergens.
 - **Medication** If symptoms persist despite attempts to avoid allergens or avoidance is not feasible, we may recommend medication that may control or reduce your symptoms.
 - **Allergy Immunotherapy** If symptoms persist despite avoidance and/or medication, we may recommend allergy immunotherapy treatment.

Each patient's allergy problems are unique. Once we confirm the allergens you are sensitive to, we will tailor a treatment plan specific to your allergies.

Please keep the Allergy Department fully informed of all insurance changes, including network and primary care physician changes, during the course of your treatment. If you fail to inform us of any and all changes, you will be fully responsible for all charges.

We look forward to working with you to control your allergy symptoms. If you have any further questions, please feel free to contact the Allergy Department at: 602-688-6500 extension 106.

Medications to Avoid (7 DAYS) Prior to Allergy Testing

NO BETA BLOCKERS PRIOR TO TEST

Call 602-688-6500 with any questions or concerns

Generic Name	Name Brand
Antihistamines	
Astemizole	Hismanal
Azatadine	Optimine
Brompheniramine	BroveX, Dimetane, Lodrane
Carbinoxamine Maleate	Histex Pd, Palgic and Pediatex
Cetirizine	Zyrtec
Clemastine	Tavist
Chlorpheniramine	Chlor-Trimeton, Aller-Chlor, ChlorTabs
Cyproheptadine	Periactin
Desloratadine	Clarinex
Dexchlorpheniramine	Polaramine
Dimenhydrinate	Dramamine
Diphenhydramine	Benadryl AND -like Products, Cough Drops; OTC Cough/Cold Meds
Fexofenadine	Allegra
Hydroxyzine	Atarax, Rezine, Vistaril
Loratadine	Alavert, Claritin
Levocetirizine	Xyzal
Meclizine	Antivert, Bonine
Promethazine	Chlorpromazine, Phenergan, Promethazine, Thorazine
Antihistamine Nasal Sprays	
Azelastine	Astelin, Astepro, Patanase, Dymista
Olopatadine/Mometasone	Ryaltris
Benzodiazepines	
Clonazepam	Klonopin
Diazepam	Valium
Lorazepam	Ativan
Midazolam	Versed
ALL Sleep Aids LOOK FOR:	
Diphenhydramine	Benadryl
Doxylamine Succinate	Unisom, OTC sleep meds; morning sickness - Diclegis and Bonjesta.
Zolpidem	Ambien

Over the Counter Cold/Flu Medications	
Diphenhydramine	Benadryl
Doxylamine Succinate	Night-time remedies (Advil PM, Tylenol PM, Ibuprofen PM, etc)
Antidepressants	
Amitriptyline	Elavil, Endep, Etrafon, Limbitrol, Triavil, Vanatrip
Amoxapine	Asendin
Clomipramine hydrochloride	Anafranil
Desipramine hydrochloride	Norpramin
Imipramine	Tofranil
Nortriptyline	Aventyl HCL, Pamelor
Protriptyline	Vivactil
Doxepin	Adapin, Sinequan, Zonalon
Trazodone	
Trimipramine	Surmontil
Stomach Medication	
Cimetidine	Tagamet
Famotidine	Pepcid
Nizatidine	Axid
Ranitidine	Zantac
Herbal Supplements	
Licorice	
Green Tea	
Saw Palmetto	
St. John's Wort	
Milk Thistle	
Astragalus	
Other Medications/Neuroleptic:	
Arapiprazole	Abilify
Prochlorperazine	Compazine
Quetiapine	Seroquel
Olanzapine	Zyprexa
Eye Drops:	
Bepotastine	Bepreve
Olopatadine	Clear Eyes
Epinastine	Elestat
Alcaftadine	Lastacraft
Azelastine	Optivar
Olopatadine	Pataday, Patanol, Pazeo
Ketotifen	Zaditor

BETA BLOCKERS:

Your doctor may want to prescribe a replacement medication for you to take for the 7 days before your testing*

This list is not all inclusive. Check with your doctor or pharmacist if your medication contains a betablocker Beta Adrenergic Blocking Agents – Betablockers (7 days) Anaphylaxis may be more difficult to treat.	
Acebutolol -(B1 selective)	Sectral Capsules
Atenolol -(B1 selective)	Tenoretic 50 & 100, Tenormin
Betaxolol - (B1 selective)	Betoptic & S (Ophthalmic / eye drops), Kerlone
Bisoprolol -(B1 selective)	Zebeta, Ziac,
Carteolol (NS)	Cartrol Filmtab Tabs, Ocupress (Ophthalmic / eye drops)
Carvedilol (NS)	Coreg
Cetamolol	
Esmolol HCL (NS)	Brevibloc Injection
Labetalol (NS)	Normodyne, Trandate
Levobunolol	AK-Beta, Betagan Liquifilm(Ophthalmic / eye drops)
Levobetaxolol	Betaxon
Metipranolol	OptiPranolol (Ophthalmic / eye drops)
Metoprolol -(B1 selective)	Lopressor + Lopressor HCT, Toprol-XL
Nadolol (NS)	Corgard, Corzide, Nadolol Tabs
Penbutolol (NS)	Levatol
Pindolol (NS)	Visken
Propranolol (NS)	Inderal, Inderide
Sotalol - (B1 selective)	Betapace, Sorine
Timolol + Timolol Maleate (NS)	Betimol, Blocarden, Ocumeter, Timolide tabs, Cosopt, Occudose, Timoptic, XE, (Ophthalmic/eye drops)

11/12/2025



Peter C. Kaiser, MD
Michael T. Gutman, MD
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board certified
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INFORMED CONSENT FOR ALLERGY TESTING

Patient name

Patient DOB

I, _____ (patient/guardian) authorize the allergy department to perform allergy testing on me.

I understand the reason for this procedure is to determine the hypersensitivity to particular allergens.

This authorization is given with the understanding of the potential risks involved:

- Redness, swelling, and discomfort at injection site
- Temporary worsening of allergy symptoms such as hay fever, weakness, and/or hives
- Anaphylactic shock*
- Skin rash, headaches
- Permanent/temporary changes in skin color at the site of injection

*Although rare, this is serious and possibly fatal.

OPTIONS: Rather than participating in allergy testing, over-the-counter or prescription antihistamines could be taken to alleviate allergy symptoms.

RESULTS ARE NOT GUARANTEED: I understand that no guarantee has been made regarding the outcome of the allergy treatment program. Research has shown that there is an 85% success rate. The outcome of the treatment is highly dependent on each patient. **This is not a cure for allergies.**

DECLARATION: I have informed my physician and the allergy technician of all medications I am currently taking or have taken in the past. This includes antihistamines, eye drops, blood pressure medications, steroids, antidepressants and allergy medications.

PATIENT CONSENT: I have read and fully understand this consent form and have no further questions.

Patient/Guardian Signature

Date

Witness

Date

Time



Peter C. Kaiser, MD
 Michael T. Gutman, MD
 Joseph A. Chiara, MD
 board certified
 otolaryngology, head and neck

ALLERGY QUESTIONNAIRE

NAME:	AGE:	DOB:	PROVIDER:

1) Have you ever had allergy test/shots/treatment? YES / NO

2) Are you allergic to any medications? YES / NO

If yes, please list: _____

3) Are you currently taking medications? YES / NO

If yes, please list: _____

4) Does anyone in your family have allergies? YES / NO

5) Do you have eczema or other skin problems? YES / NO

If yes, what type: _____

6) Do you have fluid or ringing in the ears? YES / NO

7) Do you suffer from hearing loss due to stuffiness? YES / NO

8) Do you frequently suffer from a sore throat? YES / NO

9) Have you experienced drainage at the back of your throat? YES / NO

10) Have you had red, puffy, itchy eyes and/or excessive tearing? YES / NO

11) Do you suffer from constant runny nose, sniffles, sneezing or stuffiness? YES / NO

12) Do you have nasal polyps or a deviated septum? YES / NO

13) Do you have asthma, emphysema, shortness of breath or wheezing? YES / NO

14) Do you have an inhaler? YES / NO

If yes, how often have you been using it? _____

15) Do you have high blood pressure, heart disease, migraines or sinus headaches?

16) Can you identify things that worsen your allergy symptoms? YES / NO

Please list: _____

17) When are your symptoms worse: Morning, Noon or Night? On windy or rainy days?

In the Spring, Summer, Fall, Winter or all of the above?

18) Are you bothered by smoke, paint fumes, perfumes or other strong smells? YES / NO

19) Do you have any pets? YES / NO

20) How would you rate the severity of your symptoms: **MILD**, **MODERATE** or **SEVERE**?