



APPOINTMENT INFORMATION

Welcome to our practice! We are very happy to have you as a patient in our office and have the opportunity to be of service to you. Enclosed is a **Welcome Pamphlet** to familiarize you with our office and its policies. Please complete the enclosed forms and bring with you on the day of your appointment.

*******IMPORTANT REMINDERS*******

1. Medications to avoid prior to testing for a 7 day period before testing:

- All **oral antihistamines** (i.e. Benadryl, Zyrtec, Claritin, Allegra, Phenergan), **nasal antihistamines** (i.e. Astelin, Astepro, Patanase), **antihistamine eye drops** (Zaditor, Patanol, Optivar) and some tricyclic medications such as Elavil and Sinequin will interfere with skin testing
- Some medications for gastric reflux (Tagamet, Zantac and Pepcid) are antihistamines
- Tylenol PM (all sinus “pm” medications/sleeping medicines/over the counter medicines) unless instructed otherwise by our office

However if you are having a lot of allergy problems and feel that you cannot stay off these medication for a 7-day period of time or have questions concerning your current medications, contact your primary care physician for alternatives and plan on keeping your appointment.

2. All Asthma Inhalers: be sure to continue using!

3. Sunburn: be careful not to have sunburn on your back or arms.

4. Insurance information

- Patients must have a **current insurance card and photo ID with current address** at the time of their appointment. (If the photo ID does not show the patient’s current address, utility bills or correspondence showing current residence must be provided).
- It is the patient’s responsibility to inform our office of any change in insurance coverage, address, employment telephone, marital status, etc.

5. Plan to be in the office for **2 ½ to 3 ½ hours** for allergy testing.

6. Please arrive 15 minutes early for your appointment.

7. Please have **all enclosed forms and the History and Physical form completed** upon arrival.

8. Financial Policies: please read and sign the attached financial statement and bring with you on the day of your appointment.

We look forward to seeing you on: _____ at _____ : _____
Day Date Time Location

Your appointment is scheduled with:

- John G. Riehm, MD Daniel P. Garcia, MD Stuart W. White, MD Jeremy D. Jones, MD
- Michael S. Nall, MD Douglas B. Tzanetos, MD
- Laura Wilhem Manley, APRN Lori F. Huffman, APRN

For your convenience, our office uses an Automated Appointment reminder system. We ask for 48 hours’ notice to cancel your appointment. This allows us to adequately assure time availability for other patients waiting to be seen.

Thank you for your time and consideration with these matters. We look forward to seeing you.