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_____ has an appointment with Dr. _____

on _____ at _____ at our _____ office.

- As a courtesy, please contact the office 48 hours prior to your appointment if you must cancel or reschedule. Please keep in mind that we have a waiting list for patients that are urgently needing to get in to see the physician.
- **DO NOT take any antihistamines 72 hours (3 DAYS) prior to your appointment.** If you are unsure if any of your medications contain antihistamines, please contact your pharmacy to verify. A list of common antihistamines is included in this packet.
- Do **NOT** stop your Asthma medications prior to your appointment. If you have questions regarding your medications, please call our office.
- Plan on being in our office approximately 2 hours for the initial visit. Please make child arrangements if you (the parent) are the patient, as this will be a very detailed visit.
- Please complete the enclosed information and bring with you to your appointment. Be sure to complete the medication form or bring a list of all current medications. Please be sure to complete this prior to arriving at your appointment. **Also bring a copy of your driver's license and insurance card for verification.**
- **Does your insurance require a referral or authorization from your primary care physician?** If so, please get this in advance of your appointment. Please make sure that any records you may want at your appointment are sent by your referring physician, or that you bring them in when you come. Please make sure that your authorization, if required for your insurance, is valid and active prior to your appointment to ensure that you are covered for the visit and will not receive a bill that is unwarranted.
- Make sure that your insurance policy covers scratch testing. If you are unsure, call your insurance company.
(the procedure codes you may need are: scratch testing 95004, or intradermal testing 95024)
- If your insurance has a **specialty co-payment**, be prepared to pay that at the time of your visit.

WE ARE PLEASED TO WELCOME YOU AS A FUTURE PATIENT OF OUR PRACTICE!