

# Saint Louis Allergy and Asthma

6651 Chippewa St  
Saint Louis, MO 63109  
Phone: 314-833-4905  
Fax: 888-316-7781

E-mail: [ashley.emmert@saintlouisallergy.com](mailto:ashley.emmert@saintlouisallergy.com)

## WELCOME TO SAINT LOUIS ALLERGY AND ASTHMA

We hope the following information is helpful as you prepare for your initial visit. If you have any additional questions, please feel free to contact us.

**\*\*\* THIS OFFICE IS A FRAGRANCE FREE OFFICE. WE ASK EVERYONE TO PLEASE REFRAIN FROM WEARING ANY AND ALL PERFUMES, COLOGNES, BODY LOTIONS, ETC. AS THEY MAY BE BOTHERSOME TO OTHER PATIENTS AND/OR STAFF MEMBERS. THANKING YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.\*\*\***

**NEW PATIENT FORMS:** Please arrive 15 minutes before your scheduled appointment time to complete necessary paperwork. Please bring your insurance card(s) with you to the appointment.

**What to expect during your first visit:** Every patient has unique allergies, allergy symptoms and medical conditions. Therefore, your initial medical evaluation will be approximately **1 1/2 to 2 hours in duration**. In addition, to a detailed medical history and physical examination, we will discuss with you the most appropriate testing and treatment options for your specific condition.

When medically appropriate, your first visit will include skin prick testing (SPT) and/or pulmonary function testing (breathing test), which will increase your appointment time.

If the patient is an infant or small child, please bring ample baby supplies or favorite toys.

### **MEDICATIONS AND ALLERGY TESTING**

Your initial visit will include skin testing, **IT WILL BE NECESSARY TO DISCONTINUE ANY ALLERGY MEDICATIONS, BODY LOTIONS, AND ALL PERFUMES, WHICH WILL AFFECT THE TESTING.** Below is a list of the medications and the number of days you must not take them prior to testing. If your medication is not listed and you are unsure if your medication will effect skin testing, **please contact our office at least 7 days prior to your appointment.**

### **MEDICATIONS AFFECTING ALLERGY TESTING**

Discontinue these antihistamines **5 days** prior to your testing appointment:

Allegra or Allegra D (fexofenadine)	Optivar (azelastine) eye drop
Antivert (meclizine)	Periactin (cyproheptadine)
Astelin nasal spray (azelastine)	Phenergan (promethazine)
Atarax (hydroxyzine HCL)	Vistaril (hydroxyzine)
Clarinet (desloratadine)	Xyzal (levocetirizine)
Claritin or Claritin D (loratadine)	Zyrtec or Zyrtec D (cetirizine)
Clemastine (Tavist)	Hismanal (astemizole)
Doxepin	Dymista

**Stop taking these antihistamines, cold and flu preparations 2 days prior to your testing appointment. Read the ingredient labels on all medications, particularly over the counter “sinus”, “cold” or “flu” medications for any of the following ingredients:**

Acrivastine	Diphenhydramine
Azatadine	Methscopolamine
Benadryl	Phenindamine
Brompheniramine	Pyrilamine
Carbinoxamine	
Chlorpheniramine	

**Some antidepressants interfere with allergy testing. Stop taking these 7 days before your testing appointment. Discontinuation of these medications should be discussed with your primary care provider prior to your appointment.**

Amitriptyline	Imipramine
Clomipramine	Nortriptyline
Desipramine	Protryptiline
Doxepin	

**The following herbal supplements should be discontinued 3 days prior to testing:**

Licorice	St. John's Wort
Green Tea	Feverfew
Saw Palmetto	

If you have previous allergy testing, laboratory tests or x-rays that are related to the reason you are seeing us: It is helpful when patients bring (or have your physician send) a copy of laboratory and/or skin tests, pulmonary function tests, chest x-rays or reports or any other relevant test results to the initial appointment. The reports may be faxed directly to the office prior to your appointment. **Our fax number is 888-316-7781.**

**Insurance and referrals:** Payment for professional services is expected at the time services are rendered. This includes any insurance co-pay which may apply. **You will be asked to show your insurance card(s) when you check in for your appointment.**

**If your insurance company requires a referral from your primary care physician, it is your responsibility to obtain the required referral at least 24 hours prior to your appointment.** Your primary care physician may fax the referral to us at 888-316-7781. **Please note the referral must be in our office when you arrive for your appointment.**

**We look forward to seeing you at Saint Louis Allergy and Asthma.**