# ADVANCED ALLERGY AND ASTHMA CLINIC


**VICKI J. LYONS, M.D.** **TIMOTHY J. SULLIVAN, M.D.**

ALLERGY AND IMMUNOLOGY
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN COLLEGE OF ALLERGY AND IMMUNOLOGY
AMERICAN ACADEMY OF ALLERGY AND IMMUNOLOGY
AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
AMERICAN BOARD OF INTERNAL MEDICINE

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**WE ARE LOCATED IN MCKAY DEE HOSPITAL ON THE 4TH FLOOR SUITE 4640**

PATIENT:_____APPTDATE:_____TIME:_____

THE FOLLOWING INFORMATION IS PROVIDED TO HELP MAKE YOUR TIME SPENT IN THE DOCTOR'S OFFICE AS COMFORTABLE AS POSSIBLE. **IT IS VERY IMPORTANT TO FOLLOW THE DIRECTIONS LISTED BELOW.** IF YOU ARE NOT PREPPED PROPERLY FOR YOUR APPOINTMENT, WE WILL BE UNABLE TO TEST YOU. IF YOU HAVE QUESTIONS PLEASE CALL OUR OFFICE.

- **ALL ANTIHISTAMINES MUST BE STOPPED 7 DAYS PRIOR TO YOUR APPOINTMENT.**
- **ALL EYE DROPS MUST BE STOPPED 7 DAYS PRIOR TO YOU APPOINTMENT.**
- **ASTELIN NASAL SPRAY MUST BE STOPPED 7 DAYS PRIOR TO YOUR APPOINTMENT. OTHER NASAL SPRAYS MAY BE USED.**
- **BENADRYL MAY BE USED BUT MUST BE STOPPED 24 HOURS PRIOR TO YOUR APPOINTMENT.**
- **IF YOU ARE TAKING ANY OF THE FOLLOWING MEDICATIONS THEY NEED TO BE STOPPED 7 DAYS PRIOR TO YOUR APPOINTMENT:**
  ***IMIPRAMINE (TOFRANIL) *AMITRIPTYLINE (ELAVIL) *AMOXAPINE *DESIPRAMINE *DOXEPIN (SINEQUAN) *NORTRIPTYLINE (PAMELOR) *PROTRIPTYLINE *TYLENOL PM *TYLENOL COLD *SLEEPING PILLS *ANY COLD OR NIGHT TIME MEDICATION**

AN ALLERGY EVALUATION **MAY TAKE UP TO 2 HOURS OR MORE**, SO PLEASE MAKE SURE YOU ALLOW ADEQUATE TIME FOR YOUR APPOINTMENT. PLEASE REMEMBER TO BRING YOUR **INSURANCE CARD, CO-PAY, AND THIS PACKET COMPLETELY FILLED OUT.** IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE GIVE OUR OFFICE **48 HOURS** NOTICE, OR PER OUR POLICY, IF YOU DO NOT SHOW FOR YOUR SCHEDULED APPOINTMENT, OR CANCEL LESS THAN 48 HOURS BEFORE YOUR APPOINTMENT TIME YOU WILL INCUR A $25.00 FEE.

**THANK YOU FOR CHOOSING VICKI LYONS, M.D. AND TIMOTHY SULLIVAN, M.D. AS YOUR PROVIDERS!**