

Patient Name: [Insert Patient Name]

Appointment Date: [Insert Date]

Arrival Time: [Insert Time]

Location: [Insert Clinic Address]

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# Allergy Appointment Reminder and Pre-Testing Instructions

Dear [Insert Patient Name],

This letter is to remind you of your upcoming allergy testing appointment. Please read the following instructions carefully to ensure accurate test results.

## 1. Medication Restrictions

To ensure the skin test is effective, you must stop taking the following medications before your visit:

- **7 Days Before:** Stop all oral antihistamines (e.g., Claritin, Zyrtec, Allegra, Xyzal, Benadryl).
- **7 Days Before:** Stop antihistamine nasal sprays (e.g., Astelin, Astepro, Patanase).
- **48 Hours Before:** Stop acid reflux medications containing H2 blockers (e.g., Pepcid, Famotidine).
- **Note:** Continue using your asthma inhalers and any routine medications for blood pressure or diabetes.

## 2. Day of Appointment

- Wear comfortable clothing; sleeves should be easy to roll up as testing is usually done on the arms or back.
- Do not apply lotions, creams, or perfumes to your arms or back on the morning of the test.
- Eat a normal meal before you arrive.

## 3. What to Expect

The appointment will last approximately [Insert Duration, e.g., 2 hours]. The testing involves a skin prick method. Results are usually available immediately after the test is completed.

If you have any questions or need to reschedule, please call our office at [Insert Phone Number] at least [Insert Cancellation Window, e.g., 24 hours] in advance.

Sincerely,

[Insert Provider/Clinic Name]  
[Insert Phone Number]  
[Insert Website]