



Iowa Allergy, Asthma, & Immunology P.C.

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RESTRICTED MEDICATIONS PRIOR TO YOUR APPOINTMENT

You are scheduled for an appointment on:

Date: _____ Time: _____

Please bring your insurance card, a photo ID (if you have one) and a current list of drugs that you are taking. It is also very useful to bring any radiology scans or blood tests related to your current issues.

Certain medications, particularly oral antihistamines, can interfere with allergy testing. For this reason, any medication(s) containing antihistamines **must be stopped five (5) days prior to your appointment**, to enable testing if recommended by the provider. This includes but not limited to prescription and over-the-counter **allergy, cough/cold, and reflux** medications.

CONTINUE TAKING ALL OTHER MEDICATIONS as prescribed, including **asthma medications** and **steroid nasal sprays**.

The following is a partial list of antihistamines:

Allegra (Fexofenadine), Zyrtec (Cetirizine), Claritin (Loratadine), Xyzal, Alavert, Tavist, Atarax (Hydroxyzine), Clarinex, Benadryl (Diphenhydramine), Tylenol PM, Advil PM, Nyquil, Doxylamine, Pepcid (Famotidine), Zantac (Ranitidine), Patanase (olopatadine) nasal spray, Astelin (azelastine) nasal spray.

Please note it is your responsibility to contact your insurance company to verify benefits prior to your scheduled appointment. All co-pays, coinsurances and deductibles are due at the time of treatment. Our office does not assume any responsibility for denial of any or all parts of your claim by any insurance company.

If you have any questions or concerns, please feel free to call our clinic. Thank you for choosing Iowa Allergy for your health care needs!