### ALLERGY, IMMUNOLOGY & ASTHMA MEDICAL GROUP

Office use only

DATE	DOCTOR	ACCT#	E-SCRIPT

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## PATIENT FINANCIAL INFORMATION

HILDS NAME			HOME PHONE #
CHILDS NAME	Last, First - AGE	Middle Initial CELL	EMAIL_
AILING ADDRESS	Number and Street		City, State, Zip Code + 4 digit postal code
EFERRED BY		FAMILY DO	CTOR
ny other family members	patients?		
	SPOUSE	OR RESPONSIB	LE PARTY
ATHERS NAME	Maria Ma		
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If different	t from above Nur	nber and Street	City, State, Zip Code+4 digit postal code
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	INSU	RANCE INFORM	ATION
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CONDADVINO		INICITOET	D'S NAME
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If the child h	as insurance through a	step-parent/guarar	ntor provide the following information
AME		DOB	SOC SEC#PHONE
DDRESS MPLOYER		PHONE	RELATION
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I authorize the relea	ase of any medical info	ormation necessar	ry to process this claim and authorize
payment of medical	responsible for the ba	eu physician or si	upplier for service described. I understand unt for any professional services rendered.
Signature			
Signature			Date

## Allergy, Immunology & Asthma Medical Group, Inc.

testing. them for the period of time indicated. Picase be aware than many over the counter medications have antihistamine in them and would interfere with skin The medications listed below must be stopped prior to skin testing. Please review this list and locate any medications you are currently taking and stop

If you have any questions about a medication or if you feel you cannot safely stop the medication please call the office at 951-5353

# If you cannot withhold your medication prior to your visit DO NOT RE-SCHEDULE YOUR APPOINTMENT

					LASTACAFT	The state of the s	Addition Total	Napheon A, Vasocon A,	Patanol, Pataday, Optivar,	testing	Eye Drops stop 72 hrs prior to		On to use prior to your visit	Office and project to a contract to the	Asilma Viens		at least 48 hours prior to your visit	Stop Astelin, Patanase or Astepro	,	Astelin, Patanase and Astepro	IXCEPT:	Nasal sprays are OK to use	Nasal Sprays			Zantac (ranitidine)	Pepcid (famotadine)	Tagamet (cimetidine)	Axid (nizatidine)	Antacids			Stop 24 hours prior to testing
All Cold and Nighttime meds	Unisom	Tylenol Cold & Sinus	Tylenol PM	Tylenol Allergy	Triaminic	Trinalin	Tavist, Tavist I)	Sudafed Allergy	Semprex, Semprex D	Rynatan,	Promethazine	Polyhistine, Polyhistine D	Phenergan	Periactiu	<b>多</b>	Pariaz	Naidecou	Meclazine	Excedin PM	Dramamine	Ресопатіне	Chloritimeton (chlorpheneramine)	Benedryl (diphenhydramine)	Ronied	Bonine	Autivert	Advison	Actifed	antihistamines	meds or any med that contains	Stop all Allergy, Cold, Cough or Sinus	į	Stop 72 hours prior to testing
	Cyproheptadine	Corneidin	Contac .	Commen	Cogentin	Clomipramine	Clemastine	Clarinex D	Clarines	Claritin	Cetirizine	Carbinoxamine	Pionist	Benziropin	Beniyl	BC Cold	Aventyl	Atrobist	Ataras	Aseadin	Anafranil	Amitriptyline	Allers	Allerian	Allerhist	Allegra D	Allegra	Alavert	Au-Chew	Advil Allergy	Adapin		stop 7 č
	Risperdal	Resperidone	Rescon	Remeron	Protriptyline	Polyhist	Pediatau	Pedicare	Pamelor	Myquil	Nortriptyline	Norprakin	Marezine	Ludiemil	Loratadine	Lodrane	Limbitroit	Luipramine	Ferofenzdine	Extendry	Etrafou	Higvii	Bytan	inearent.	Duraian	Duralist	Drixoral	Dramamine	<b>Dохерін</b>	Dimetapp	Desipramine	Ę	days prior
						Xyzal ·	Lyrtec D	Zyrtec	Zonoloa	Pivactii	Vicks	Trimipramine	A Property of the Parket	Tokranil	Therafin	Temaril	Tavist	Tandur	Tacary!	Surmontil	Sominex	Singlet	Sinequan	Seroquel ::	Ryneze	Ryna	Rutuss	Roadec	Allergy	Cough, Cold &	Robitussin		,
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## Allergy, Immunology & Asthma Medical Group, Inc. 4628 Georgetown Place Stockton, CA 95207 209 951-5353

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Other Symptoms					
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