



PREMIER MEDICAL
ASSOCIATES

_____ is scheduled for an appointment on
_____ at _____.

Before your appointment, please:

1. Please fill out the enclosed Allergy History form and bring the completed form to the center with you.
2. **MANDATORY: DO NOT TAKE (OR GIVE) ANY** antihistamine (allergy medicines such as Alavert, Atarax, Benadryl, Chlor-Trimeton, Dimetapp, Bromfed, Actifed, Sudafed-Plus, or Triaminic for 72 hours (3 full days). Please contact our office at (412) 243-1945 if it is necessary to continue to take the medicine to control hives. If you are on Claritin (Loratadine), Clarinex (Desloratadine), Allegra (Fexofenadine), Zyrtec (Cetirizine), or Astelin nasal spray, discontinue one week prior to visit.
 - A. **DO NOT TAKE** any across-the-counter drugs that contain antihistamines or decongestants. Check the label before taking any medication. If you are in doubt, check with your pharmacist.
 - B. **DO NOT TAKE** Axid, Zantac, Pepcid, Tagamet or antidepressants for 3 full days prior to appointment.
 - C. Please **DO NOT WEAR** perfume.
3. Continue to take or give asthma medications.

**ANY PATIENT UNDER 18 YEARS OF AGE
MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN
THIS PERSON MUST KNOW THE HISTORY OF THE PATIENT**

ON THE DAY OF YOUR VISIT, PLEASE BRING:

- The medicines or list of the medicines that you are taking.
- The full name and address of your internist, family physician or your child's pediatrician.

THE FIRST VISIT USUALLY TAKES ABOUT 2-3 HOURS, SO WE SUGGEST THAT YOU PLEASE:

- Be prompt in reporting for your appointment
- Eat before your visit
- Bring quiet games, books, crayons, etc. To keep your child busy
- DO NOT make any other appointment for that morning or afternoon

alj revised 4/05

Asthma/Allergy/Immunology • Cardiology • Family Medicine • General & Vascular Surgery
Internal Medicine • Pediatric & Adolescent Medicine • Podiatry

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