

# **DO NOT TAKE THESE MEDICATIONS FOR THE TIME INDICATED**

## **7 Days Prior to Testing**

|                   |             |               |                 |
|-------------------|-------------|---------------|-----------------|
| 4 Way Cold        | Clarinet    | Robitussin    | Trinavil        |
| Actifed           | Dimetapp    | Rondec        | Tylenol PM      |
| Allegra           | Dramamine   | Sinutab       | Tylenol Sinus & |
| Allegra D         | Dristan     | Sudafed Plus  | Allergy         |
| Allerrest         | Drixoral    | Sudafed Sinus | Vicks Tabs      |
| Astelin           | Equanil     | Tagamet       | XYZal           |
| Benadryl          | Excedrin PM | (Cimetidine)  | Zyrtec          |
| (Diphenhydramine) | Formula 44  | Tavist        | Zyrtec D        |
| Benylin           | Naldecon    | Tavist D      | Vistaril        |
| Chlor-Trimeton    | Nolamine    | Teldrin       |                 |
| Claritin          | Novahistine | Triaminic     |                 |
| Claritin D        | Ornade      | Trinalin 40   |                 |

## **3 Days Prior to Testing**

Most Nasal Sprays (Saline is ok)

## **1 Day Prior to Testing**

Any Topical Steroid/Anti-inflammatory Creams, Ointments, Gel Solutions, Lotions

## **Day of Testing**

**DO NOT SMOKE!**

**PLEASE BE SURE TO EAT BREAKFAST THE DAY OF YOUR TESTING!**

**If you are on a Beta Blocker (commonly used for high blood pressure), you will need to be RAST tested.**

**DO NOT STOP THIS MEDICATION FOR THE TEST!**

Please call 496-2620 Ext. 454 with any questions!