

**ALLERGY AND ASTHMA AFFILIATES INC.
SRINAGESH PALUVOI, M.D.**

Diplomate, American Board of Allergy and Immunology

Thank you for choosing ALLERGY AND ASTHMA AFFILIATES

NAME: _____

ADDRESS: _____

YOUR APPOINTMENT IS IN

____ 2946 Sleepy Hollow Road, Suite #2E
Falls Church, VA 22044
Ph(703)538-5110 Fax(703)538-5112

____ 7576 Gardner Park Dr
Gainesville, VA 20155
Ph(703)753-5518 Fax (703)743-9161

____ 19415 Deerfield Ave., Suite 210
Lansdowne, VA 20176
Ph(703)729-8830 Fax(703)729-8477

DAY _____ DATE _____ TIME _____ AM / PM

PLEASE READ THE FOLLOWING INFORMATION PRIOR TO ARRIVING FOR YOUR APPOINTMENT.

- 1- Please fill out the enclosed forms and bring them with you to your appointment.
- 2- Arrive 15 minutes before your appointment to complete your check in. Please note, a parent or legal guardian must accompany minors.
- 3- Check with your insurance company prior to the visit for referral requirements. If required by your insurance company, you **must bring** a valid referral from your primary care physician on the day of your visit.
****Your referral must cover THE INITIAL CONSULTATION / OFFICE VISIT, ALLERGY TESTING, AND SPIROMETRY.**
- 4- The appointment will take approximately 2 hours. Be sure to eat a good breakfast or lunch before your visit.
- 5- The patient should not take any antihistamines (prescription or over the counter) for **five days prior** to the visit, if medically possible. Please call our office if you have questions.

ANTI-HISTAMINES

Actifed	Claritin
Atrohist	Dimetapp
Alevart	Hismanal
Allegra	Rhinatan
Astelin Nasal Spray	Tavist
Benadryl	Triaminic
Bromfed	Zantac
Chlor-trimeton	Zyrtec

MEDICATIONS THAT DO NOT INTERFERE

Albuterol	Midrin	Sudafed
Antibiotics	Nasalcrom	Tilade
Atrovent	Prednisone	Vancenase
Azmacort	Prelone	Vanceril
Cromolyn	Rhinocort	Atarax
Flonase	Serevent	
Guiafed	Singulare	
Humibid	Slobid	

If you cannot make your appointment, please cancel at least 24-48 hours before the scheduled time.

We look forward to seeing you.

Sincerely,

Srinagesh Paluvoi, M.D.