



PATCH TESTING.

On your next visit, you will be patch tested to find out if you are allergic to products and/or chemicals that you are in contact with. This is a type of testing that does not require the use of needles and results in little or no discomfort. This will require three visits, usually on a Monday, Wednesday and Thursday.

Patch testing requires the following preparations:

DO NOT TAKE PREDNISONE FOR TWO WEEKS PRIOR TO TESTING VISIT UNLESS OTHERWISE INSTRUCTED

PLEASE EAT BEFORE TESTING. Do not skip any meals; eat PROTEIN within one hour of your appointment time. Examples of protein include chicken, cheese, beans, beef, eggs, fish, pork, turkey, soy, and yogurt. Protein shakes ARE acceptable. Protein bars are NOT. Drink at least 8 oz of water within a half hour of testing.

Please **DO NOT** use any lotions or creams on your arms or back for a minimum of 24 hours before the testing appointment.

On your first visit, you will need to bring in all personal products including body and facial soap, shampoo and conditioner, hair mousse, gel and sprays, hand and body creams, makeup, perfume, shaving cream, depilatories, and personal hygiene and baby wipes. Your products and approximately 70 additional chemicals will be placed on your back under small covers. These will remain on your back for 48 hrs. At that point, all patches will be removed to assess your sensitivity.

Please anticipate that your first appointment on Monday may be as long as 2 hours.

You will return 24 hours later to check for any late sensitivity. You must keep your back dry during that period. Therefore, you must avoid showers and heavy sweating until after your last visit on Thursday. Sponge baths are of course acceptable.

If your insurance has an office co-payment requirement when you see a specialist, know that we are required to collect a co-pay at each of these scheduled visits.

Reschedule your testing if you feel ill, have a fever, shortness of breath, wheezing, rashes, and/or Covid-19 like symptoms on the day of testing or the day before testing.

Patient: _____ DOB: ___/___/___ Signature _____ Date ___/___/___



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