

## ***Welcome to Dearborn Allergy & Asthma Clinic, PC***

Thank you for choosing Dearborn Allergy and Asthma Clinic for your health care needs. We have scheduled you for an appointment with our doctor for an initial evaluation.

### **TO DO BEFORE YOUR VISIT**

- Please fill out the enclosed forms and bring them with you when you come or you may fax to us at 313-565-7723 or email to: dbnall20200@aol.com
- Bring all of your insurance cards and drivers license.
- Bring a list of all your medications and how you take them. (Form attached)
- **Please remember to eat and drink as you normally would before your appointment.**

### **MEDICATIONS TO HOLD** (they may interfere with skin testing)

- For **at least 7 days** before your appointment, please **do not take** any:
  - **Anti-histamines and Decongestants**
  - **Please see the attached lists for medications which must be stopped.**
  - **Continue all of your asthma medications, antibiotics, and other medications.**
  - **Exception: If you have severe hives or itching, continue to take your anti-histamines.**

### **REGARDING PAYMENT**

All co-pays and deductibles are due before you see the doctor at the time of your visit.

### **METHOD OF PAYMENT**

We accept cash, checks, MasterCard, Visa (including Debit Cards), Discover and AMEX.

### **TIME REQUIREMENT**

The initial evaluation usually requires 2 – 3 hours to complete, so please arrange your schedule appropriately.

- Please remember that even if you are self-referred, you need a primary care physician. We will send information to him or her so that we can work together for your best medical care.
- If you are unable to keep your appointment, please call and notify us at (313) 565-3565 as soon as possible.

Thank you and we are looking forward to seeing you.

DEARBORN ALLERGY & ASTHMA CLINIC, P.C.

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