

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: dbnall15@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.

4/2012