

Dear Patient:

Your Doctor has determined that an allergy consult would be of benefit to your care at The Lahey Hospital and Medical Center. Please note that Allergy is located at 31 Mall Rd not in the Main building at 41 Mall Rd.

In preparation for your upcoming appointment in the Department of Allergy & Immunology, we are sending you a two-page questionnaire regarding your allergy history. This will enable the allergist to evaluate your needs more efficiently. **Please bring the completed form on the day of your appointment.** Also, please bring any medications that you are presently taking including pills, nasal sprays and inhalers with spacers, if used.

We are also sending you a **Skin Test Instruction Sheet** to ensure that you are prepared for any testing that may be done. Please follow this **Skin Test Instruction Sheet.**

In the event that the allergist may decide that a skin test to determine specific allergies may be helpful, skin tests may be done on the same day as the consult. In certain situations such as bee-sting evaluations, a return visit for skin testing may be necessary. The time for the consult, skin test, and review with the doctor is approximately 2 to 3 hours so please plan your time accordingly.

Before coming for your allergy and immunology appointment, we suggest you check with your insurance company regarding the following questions:

- Does my insurance plan cover allergy testing?
- Do I need a referral for allergy services?
- What is the copay for allergy testing? And for the doctor's visit?
- Do I have a co-insurance? If so, how much is it?
- Do I have a deductible? If so, how much is it?
- The Lahey Allergy and Immunology Department is an outpatient hospital setting. When you ask about your coverage, be sure to mention that the services will be provided in an outpatient hospital setting.
- Are any of the above out-of-pocket expenses different for outpatient services vs. doctor's office?
- Is there a maximum benefit for allergy services?

Due to the potential for an adverse reaction to foods and fragrances for some of our patients, we request that you please refrain from bringing any food containing tree nuts/legumes i.e. peanut into the waiting area, and also to refrain from using any strong fragrances. In order to provide the best care possible, parents of our pediatric patients are encouraged to make childcare arrangements for other siblings.

Thank you for taking the time to complete this form and prepare for this visit.

Appointment: \_\_\_\_\_ Time: \_\_\_\_\_ Doctor: \_\_\_\_\_

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