



Robert A. Struble, M.D.

Diplomate American Board of Allergy and Immunology

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Dear

Your allergy appointment is scheduled for _____ at _____.
There are several things you can do before your appointment to help me evaluate your allergy problems.

Please fill out the information requested below as well as the enclosed **Allergy Questionnaire**. Bring the completed forms with you for your initial appointment. Certain medications* should not be taken, if possible, for three days before your appointment as they may interfere with allergy testing. Asthma medications are not a problem. Please bring with you, or have your primary physician forward, any pertinent information such as laboratory tests, x-rays, or list current medications you are taking.

Your allergy appointment, which may last for 1 to 2 hours, includes a consultation, physical examination, skin tests as indicated, recommendations, and a summary letter sent to your primary or referring physician. Our office will submit claims to the insurance companies with which we are a participating provider. For all other insurances, we will provide an itemized statement for your reimbursement, otherwise payment at the time of service is expected unless prior arrangements have been made. Note that a finance charge will be applied to accounts more than 30 days past due. As a courtesy to my office and other patients, and to avoid a \$25 basic charge, please notify us at least 48 hours in advance if you are unable to keep your appointment.

If time allows, please send completed forms to my office. Otherwise, fax them to us or bring them with you for your appointment.

Patient's Name: _____ Birth Date _____ Age _____

Address: Street _____ City _____ State _____ Zip _____

Responsible Party: _____ Marital Status _____
(Person responsible for bill)

Family physician or Referring physician: _____ Address: Street _____ City _____
State _____

Signature of Patient, Parent, or Guardian: _____ **Date:** _____

I am looking forward to meeting you.

Sincerely,

Robert A. Struble, M.D.

*avoid obvious antihistamines and also Atarax, Adapin, Axid, Elavil, Pepcid, Pamelor, Pepcid, Sinequan, Tagamet, Tofranil, Zantac. If in doubt please call our office to enquire whether a medication you are taking will interfere with allergy testing and should or can be temporarily discontinued.

No Antihistamine Medication for 3 Days Before Appointment