



D. Loren Southern, M.D. Andrew J. Pedinoff, M.D. Julie A. Caucino, D.O. Helen S. Skolnick, M.D.
Kristen M. Sikorski, M.D. Shaili N. Shah, M.D. Neil S. Baman, M.D.
24 Vreeland Drive, Skillman NJ 08558
Phone – (609) 921-2202 Fax – (609) 924-1468

Penicillin Skin Testing Information Sheet

1. Our office will call you with a testing date.
2. We will order the penicillin from The Pennington Apothecary or Quakerbridge Pharmacy. You will then need to call the Pennington Apothecary @ 609-737-9297 or Quakerbridge Pharmacy @ 609-587-1850 to give them your insurance and billing information in order for them to process the order.
3. You should discuss with them whether you will pick up from the pharmacy or if they will ship it to our office for a fee.
4. You will need to remain off antihistamines for 7 days prior to the day of the testing.
5. The test consists of a series of skin pricks and intradermal (just under the skin) injections at increasing concentrations.
6. Be aware that the testing will take approximately 1½ hours to complete and you will see your doctor after it is completed to discuss the results.
7. You will be required to pay the specialist copay for this visit.
8. Our office provides an extremely expensive component used for the testing. We require two patients to be scheduled on the same day because of this expense.
9. Therefore, we request notification of cancellation one week in advance of the testing. Less than one week notice will result in a \$100 cancellation fee.
10. I have received the list of medications to avoid prior to the test date.

Name of patient: _____

Date / Time of Appointment: _____ Office: _____