



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. Enter the date/time/location below.
2. We will order the penicillin from Hopewell Pharmacy. You will then need to call Hopewell Pharmacy: 609-466-1960 to give them your insurance and billing information in order for them to process the order.
3. We will pick up the medication from the pharmacy (Hopewell).
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: \_\_\_\_\_