Pre-Medication for Contrast Allergy

Patient Information Letter

Patient Name: *(print first, last)* _____

Instructions for Physician

A prescription for the patient should be written as follows:

- **Prednisone 50mg orally 13, 7, and 1 hour pre-procedure (3 doses)**

Instruct the patient to purchase over the counter **Benadryl (Diphenhydramine HCL)**. The patient should take 50mg orally one hour pre-procedure.

Instructions for Patient

Your Physician, in consultation with the Radiologist, has decided that you need to take medication prior to your examination due to your allergy history. You have been given a prescription for medication and will be instructed to purchase an over the counter medication as well. Please arrange to pick these items up at a pharmacy. You **MUST** take these medications as instructed for them to be effective in preventing an allergic reaction.

Your test/procedure is scheduled for: **Date:** mm/dd/yy **Time:** hh:mm

Prescription Medication

Prednisone 50mg Take 1 tablet at hh:mm on mm/dd/yy
Take 1 tablet at hh:mm on mm/dd/yy
Take 1 tablet at hh:mm on mm/dd/yy

Over the Counter Medication

Purchase over the counter **Benadryl (Diphenhydramine HCL)**. This usually comes in 25mg adult dose capsules or tablets.

Take **Benadryl** 50mg (2-25mg tablets) orally at hh:mm on mm/dd/yy.

You **MUST** arrange for someone to drive you home after the examination, as this medication may make you feel drowsy, impairing your ability to drive.

Contact your Physician or healthcare provider if you have any questions.

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SOUTHLAKE
REGIONAL HEALTH CENTRE

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