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Pt. Name _____ DOB _____ Date _____ Time _____

Nonsteroidal Anti-Inflammatory & Aspirin-Based Drugs That Must Be Stopped

CAUTION: *Accuracy is Important!* Please consider that there are **risks involved and adverse effects may occur** if you do not follow these instructions. Lower your risk by **answering** the questions below.

TYLENOL is the **only** over-the-counter pain medication you may take prior to your procedure. Opiate based pain medication and Ultram/Ultracet are okay but **the following medications must be stopped or your procedure will be canceled.**

ARE YOU TAKING any of the medications listed below? Please let us know so that we can make arrangements with your physician for you to stop taking it prior to your injection. We also need to schedule a **blood test** if you are taking **Coumadin/Warfarin** to make sure you are okay to have the injection. If you are taking any of the following drugs, please **STOP** taking them before your procedure for the time period noted below and before any future procedures you have with us:

Coumadin/Warfarin – 5 days Pletal/Cilostazol – 5 days Plavix/ Clopidogrel – 7 days

Eliquis/Apixaban – 48hrs Brilinta/ Ticagrelor – 7 days Aggrenox/Dipyridamole – 7 days

Effient/Prasugrel – 7 days LMWH (Low Molecular Weight HEPARIN) – 24 hrs Ticlid/Ticlopidine – 14 days

Pradaxa/Dabigatran – 4 days Xarelto (rivaroxaban) – 48hrs Lovenox (Enoxaparin) – 24 hrs

If you are taking any of the listed drugs below, please **STOP** taking them **3 DAYS** before your procedure

Advil	Ecotrin	Limbrel	Persantine
Aleve	Elmiron	Lodine	Piroxicam
Anacin	Enoxaparin	Lovaza	Relafen
Anaprox	Excedrin	Meclomen	Refludan
	Etodolac	Meloxicam	
Ansaid	Feldene	Mobic	Sulindac
Arthrotec	Fenoprofen	Motrin	Tivorbex
Aspirin	Flavocoxid	Nabumetone	Tolectin, DS, 600
Bufferin	Flurbiprofen	Naprosyn	Toradol
Cataflam	Heparin	Naproxen	Trental
Clinoril	Ibuprofen	Naprelan	Treximet
Combunox	Indocin	Nuprin	Vicoprofen
Daypro	Indomethacin	Orudis	Vicoprofen Gel
Diclofenac	Ketoprofen	Oxaprozin	Vimovo
Diflunisal	Ketorolac	Pamprin	Voltaren
Dolobid		Pentoxifylline	Zorvolex

By initialing, I acknowledge that I have reviewed the above medications and I am not currently taking or have stopped taking them as directed above. _____ (patient initials)

If you are taking antibiotics, you must finish your full course prior to coming in for an injection.

