

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.

If you are given **sedation** by **mouth**, please provide transportation home after the procedure. You should not plan on driving yourself, taking the bus or walking. If you are only having a **local anesthetic**, you can drive yourself home. You may eat a light meal prior to the injection, however, please do **NOT** come in with a full stomach.

If you are taking any of the following herbs, please **STOP** taking them **3 DAYS** before your procedure:

Alfalfa	Comfrey	Goldenseal	Passion Flower
Aloe	Danshen	Gotu Kola	Peppermint
American Ginseng	Dong Quai	Grape Seed	Red Clover
Arnica	Echinacea	Green Tea	Rosemary
Asian Ginseng	Ephedra	Hawthorn	Saw Palmetto
Astragalus	Eucalyptus	Jamaica Dogwood	Siberian Ginseng
Barberry	Evening Primrose	Kava Kava	Skullcap
Black Cohosh	Feverfew	Lavender	St. John's Wort
Burdock	Garlic	Lemon Balm	Stinging Nettle
Calendula	Ginger	Licorice	Turmeric
Cat's Claw	Ginko Biloba	Lobelia	Valerian
Celery Seed	Ginseng	Milk Thistle	Willow Bark
Clove	Goldenrod	Olive Leaf Extract	Yarrow

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have any active infections? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If yes , are you taking antibiotics? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Are you allergic to latex? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Are you allergic to steroids? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Are you allergic to local anesthetic? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Are you allergic to Betadine? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Are you allergic to Band-Aids or Adhesive Tape? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Are you allergic to iodine, injectable contrast agent or dye ? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Do you have transportation home today? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Are you a diabetic? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If yes , did you check your glucose today? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| What was your glucose level today? _____ | | |
| Have you taken any Insulin or hypoglycemics today? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10. Do you have high blood pressure? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If you answered "yes" to question 9 or 10, please be aware that steroids may or may not raise your blood sugar and/or your blood pressure.

Please sign and date below that you understand the drugs you need to stop taking and when to stop taking them and that you understand the above questions.

_____	_____	_____	_____
Patient Signature	Date Signed	Print Name	DOB
_____	_____		
Physician Signature	Date Signed		
_____	_____		
Procedure Room Assistant #1	Date Signed		

ALERT **NO ALERT**

NOTE: If for medical necessity reasons you **MUST** continue to take the aforementioned drugs, please call our office at least 24 hours in advance to reschedule your appointment. Thank you for your cooperation.