

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRE-PROCEDURE PATIENT INFORMATION

You have been scheduled for a procedure; your personal safety while in our care is of the utmost importance. Please read and followthese simple instructions when they are given to you so that you may ask questions if necessary. Failure to adhere to these instructions may result in cancellation of your appointment. These steps apply to all patients and are not directly related to the use of anesthesia.

Plan to arrive 15 minutes priorto your scheduled appointment to allow sufficient time to prepare for your procedure and answer any questions you may have. Leave all valuables (money, jewelry, etc) at home or in the hands of your driver, as we cannot guarantee safety of these items. Your procedure should be considered a day surgery for your spine. Please plan on spending approximately 2 hours with us to ensure your safety.

1. You may drink clear liquids (water, juice without pulp, clear tea, and black coffee) up to 2 hours beforeyour scheduled appointment. No dairy products.
2. Avoid fried or fatty foods and meat products for 8 hours before the appointment time.
3. If you are diabetic, discuss your special needs with your physician prior to your appointment as injected steroids may cause elevated blood sugar levels.
4. If you take medication for blood pressure, heart, or seizure activity, please take these with enough water to swallow before you leave home to our office.
5. If you are taking blood thinning medication or products containing Aspirin greater than 81mg, STOP taking them 72 Hours (3 Days) prior to your procedure. Please read the attached list of restricted medications. These must be interrupted for the prescribed amount of time to reduce the chance of bleeding in or around the spinal canal.
6. If you and your Pain Physician have discussed the use of sedation for the procedure, it is necessary to have a responsible adult drive you home.
7. If you are having a diagnostic procedure, please discuss use of your pain medication with your physician.
8. If you are receiving any prescription narcotics from our office as part of your treatment, ***you may not receive prescription narcotics from any other doctor/facility***. Instances of this will result in immediate termination from our care. If you have any questions, please contact us to clarify.

\*Please initial to confirm your understanding of the content on this page: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE REVIEW THIS LIST OF MEDICATIONS

**ASPIRIN**: These products affect your platelets and prevent your blood from clotting, therefore increasing the chances of bleeding. You must stop taking these medications and any other medications containing Aspirin or Aspirin products for (72 Hours) 3 days prior to your procedure. You do not have to stop prescribed baby Aspirin (81mg) doses. Aspirin products include but are not limited to:

Salicylate, Ecotrin Bayer, Bufferin, Midol, Anacin, Goody’s Powder, Pepto Bismol, Alkaseltzer, Fiorinal, Soma-compound, and various topical preparations containing Aspirin.

BLOOD THINNER/ANTI-COAGULANTS: These products interfere with one or more clotting factors increasing your ability to become an easy bruiser or bleeder. These medications MUST be stopped 3 days prior to your procedure. These include but are not limited to:

\* Coumadin (Wafarin) \* Plavix (Clopidogrel) \* Fragmin (Dalteparin)

 \*Pradaxa (Dabigatran) \*Eliquis (Apixaban) \*Xarelto (Rivaroxaban)

Your procedure should be considered a day surgeryfor your spine. Please plan on spending approximately 2 hours with us to ensure your safety. Your cooperation with these simple instructions is appreciated. If you have questions or concerns, please address them with your care provider prior to your scheduled appointment.

I have read and understand both the Pre-Procedure Patient Information form and the List of Medications that I was told to review before coming to my scheduled appointment at Advanced Pain Management. I understand that by signing below I have followed every protocol listed in these guidelines and will not hold the doctor, staff, or Advanced Pain Management responsible for any complications due to a conflict with this information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date