

Patient Name: \_\_\_\_\_

You have been scheduled for an injection on \_\_\_\_\_, check in at \_\_\_\_\_ to complete any paper work.

Procedures will be at:

- Desert Interventional Spine Consultants  
1410 West Guadalupe Road ▪ Bldg 4 Suite 125 ▪ Gilbert, AZ 85233 ▪ 480-838-1914
- Banner Canyon Springs Surgery Center  
2940 East Banner Gateway Drive ▪ Suite 100 ▪ Gilbert, AZ 85234 ▪ 480-641-9292
- Physician Surgery Center of Tempe  
1940 East Southern Ave ▪ Tempe, AZ 85282 ▪ 480-820-7101

**PROCEDURE GUIDELINES:**

AVOID:

Taking any blood thinning medications prior to the procedure:

- Lovenox, Heparin, Baby Aspirin for 1 day.
- Coumadin for 5 days.
- Aspirin for 7 days.
- Plavix for 10 days.
- Ticlid for 14 days.

*(Please consult with your PCP before discontinuing any medications.  
Regarding Coumadin, an INR lab value of 1.2 or less, has to be established prior to the procedure.)*

DISCONTINUE:

- Solid foods for 6 hours prior to the procedure.
- Milk or dairy for 4 hours prior to the procedure.
- Clear liquids for 2 hours prior to the procedure.

PLEASE DO:

- Take all blood pressure, cardiac, and diabetes medications, with sips of water (up to 2 hours before the procedure). You may also choose to take your opioids, or NSAID's if needed.
- Have an accompanying adult with you at the time of your procedure, and for at least 4-6 hours afterwards for monitoring.
- Notify us if you have any medication allergies, and/or allergies to latex, contrast dye, iodine, shell fish, or steroids.
- Notify us if you are pregnant, if there is ANY possibility you could be pregnant, or are unsure if you are pregnant; as the use of X-Rays and or sedatives during the procedure, may be harmful to the fetus.
- Notify us if have any fever with chills, localized infection at the site of intended procedure site, or any recent adverse changes in your health status, as this may require cancellation of your procedure and rescheduling to a different date.

**NOTE: ANY CANCELLATION OR RESCHEDULING OF PROCEDURE WILL REQUIRE 24 HOUR ADVANCE NOTICE. FAILURE TO DO SO MAY RESULT IN A \$75 ADMINISTRATIVE FEE; DUE ON YOUR NEXT VISIT. THIS FEE WILL BE DEEMED PATIENTS RESPONSIBILITY, AND NOT BE BILLED TO THE INSURANCE CARRIER.**

Patient Initials: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_