

Northern California Spine &  
Rehabilitation Associates  
2801 K Street, #410  
Sacramento, CA 95816

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### **Your Procedure: Please Read Carefully**

You have been schedule for an injection. Please carefully review and follow the instructions below to ensure that you are ready for your procedure:

- You must discontinue aspirin for 1 (one) week prior to the procedure.
- You must discontinue anti-inflammatory medication for 3 (three) days prior. For example: Advil, Aleve, Diclofenac, etc. Also, see attached list.
- You must have a driver. This driver must check in and check out with you. No exceptions, no taxicabs or buses acceptable.
- Nothing to eat for 8 (eight) hours prior to your procedure.
- Nothing to drink for 8 (eight) hours prior. You may have small sips of water up to 4 (four) hours prior if necessary.
- Please notify the office immediately if you are taking antibiotics.

If you are unable to comply with this plan, we will have to cancel the procedure and reschedule. If you have forgotten to adhere to any of the instructions above, please contact our office immediately.

For your convenience, we have attached a list of common medications and the time frame which they will need to be stopped. Please review carefully.

**The office phone number is:** 916-733-8277  
**Your Appointment is with:** Dr. Hembd  
**Please check in at:** Health South Surgery Center  
2801 K St #525

Please temporarily discontinue use (as noted below) of the following medications until after your injection and you receive instructions to resume use. If in doubt, please call the office.

| <b>Hold for 7 Days</b>   | <b>Hold for 3 Days</b> | <b>Okay to Take</b>     |
|--|------------------------|-------------------------|
| Trilisate  | Lodine                 | Vicodin                 |
| Excedrin   | Motrin                 | Neurontin (Gabapentin)  |
| Fiorinal   | Ibuprofen              | Soma                    |
| Darvon   | Nsaids                 | Tylenol                 |
| Perocodan  | Advil                  | Tylenol with Codeine    |
| Ginko  | Feldene                | Baclofen                |
|  | Naprosyn/Aleve         | Percocet                |
|  | Relafen                | Darvocet (propoxyphene) |
|  | Voltaren               | Zoloft                  |
|  | Arthrotec              | Trazadone               |
|  | Sulindac               | Ultram                  |
|  | Indocin                | Methadone               |
|  | Meclomen               | Ms Contin (Oramorph)    |
|  | Clinoril               | Flexeril                |
|  |                        | Valium                  |
|  |                        | Bextra                  |
|  |                        | Vioxx                   |
|  |                        | Celebrex                |
| <b>PLEASE CALL OUR OFFICE AND YOUR PRIMARY CARE PHYSICIAN BEFORE STOPPING THE FOLLOWING MEDICATIONS:</b> |                        |                         |
| Coumadin (or warfarin)   | Trental                | Aspirin                 |
| Ticlid   | Pletal                 | Plavix                  |
| Methotrexate   | Plaquinal              | Aggrenox                |

If you are taking any "blood thinners," (Coumadin, Heparin, or Plavix) or aspirin regularly for your heart, you **MUST SPEAK TO THE DOCTOR** as soon as possible for special instructions. Please call the office at 916-733-8277.

**PLEASE BRING A LIST OF YOUR CURRENT MEDICATIONS.**

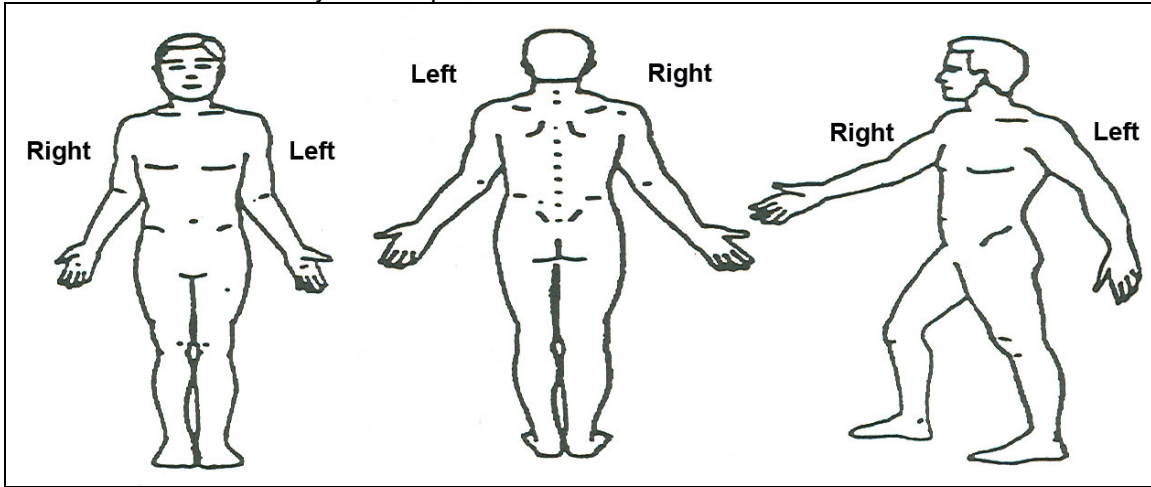
Injection Questionnaire

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

Medical Record #: \_\_\_\_\_  
SSN: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Shade in the areas where you have pain:



When did your pain start? \_\_\_\_\_

Is it becoming more severe with time? \_\_\_\_\_

Was there an accident or injury that started your pain problem? If so, describe:

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

Circle the words that best describe your pain:

Sharp Dull Burning Aching Throbbing Shock-like Other: \_\_\_\_\_

Rate your pain from 0 – 10 (Zero = no pain, Ten = the worst pain you can imagine):

Pain at Rest: \_\_\_\_\_ Pain with Activity: \_\_\_\_\_

Total: \_\_\_\_\_