

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

(916) 733-8277
(916) 7335047 fax



Mark E Hambly, MD
D. Michael Hembd, MD
Stephen I Mann, MD
Gary A Schneiderman, MD

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.

Hold for 7 Days	Hold for 3 Days	Okay to Take
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
PLEASE CALL OUR OFFICE AND YOUR PRIMARY CARE PHYSICIAN BEFORE STOPPING THE FOLLOWING MEDICATIONS:		
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: _____

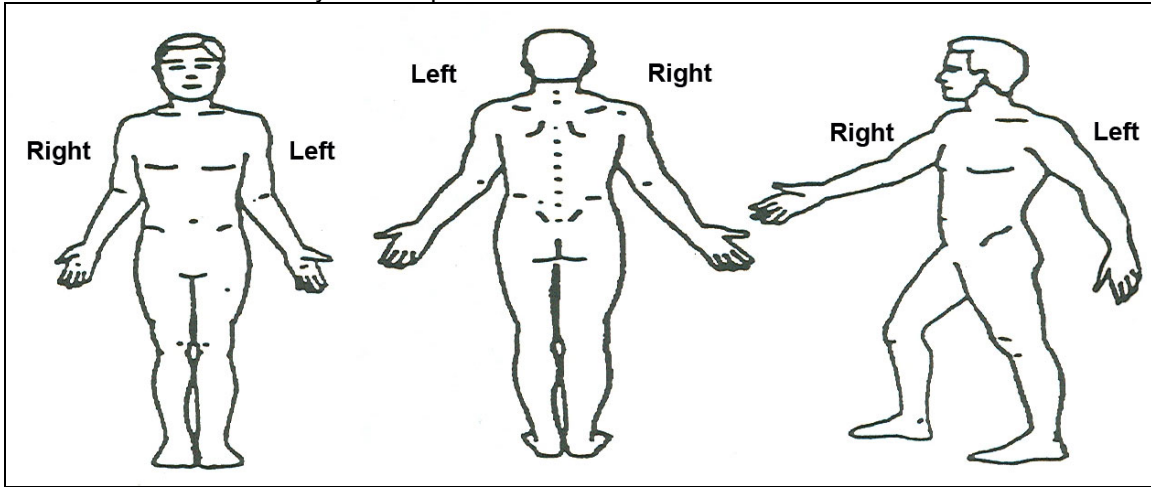
Medical Record #: _____

Age: _____

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: _____