



COMPREHENSIVE PAIN
MANAGEMENT SPECIALISTS

9834 Genesee Ave, Suite 411
La Jolla, CA 92037
Telephone: 858-453-7700
Fax: 858-947-3828

Date:
Re Pt:
DOB: / /

Dear Dr.

We would like to schedule to above patient for an injection procedure. In order to ensure proper care we would like to confirm that your patient can place their anticoagulant medication on hold. We will not schedule a procedure until we receive confirmation. Please respond promptly.

Our records indicate this patient is taking the following medications. Please sign below if they can STOP these medications prior to their procedure. Feel free to write in an alternate plan for their anticoagulants if you see fit.

Procedure: Neuroaxial Injection

- Warfarin (Coumadin) or any blood thinner 5 – 7 days with a PT/INR prior to procedure
- Clopidogrel (Plavix) 7 days
- Ticlopidine (Ticlid) 14 day hold
- Enoxaparin (Lovenox) 36 hour hold

M.D. Signature

Date

Fax completed form to Comprehensive Pain Management Specialists at 858-947 -3828