

CENTER FOR PHYSICAL MEDICINE & REHABILITATION
NSAID AND BLOOD THINNER AGREEMENT

I _____ have not taken the following medications:

- | | |
|------------------------------|--------------------------------|
| Aspirin 325mg | Coumadin (Wardarin) |
| Ibuprofen 200,400,600,800 mg | Effient (Thienopyridine) |
| Motrin, Advil 200 mg | Fragmin (Dalteparin) |
| Nuprin | Heparin |
| Aleve 375,500 mg | Iprivask (Recombinant Hirudin) |
| Naprosyn 375, 500 mg | Lovenox (Enoxaparin) |
| Naproxyn 375, 500 mg | Algix (Etoricoxib) |
| Celebrex (Celecoxib) | Ticlid (Ticlodine) |
| Diclofenac (Voltaren) | Persantine |
| Etodolac (Lodine) | Xarelto (Rivaroxaban) |
| Ketorolac (Tordol, IM, Oral) | Arixtra (Fondaparinux) |
| Relafen (Nabumeton) | Pradaxa (Dabigatran) |
| Meloxicam (Mobic) | Eliquis (Apixaban) |
| Piroxicam (Felden) | Aggrenox (Dipyridamole) |
| Pietal (Cilostazol) | Plavix (Clopidogrel) |

IF YOU ARE TAKING ANTIBIOTICS FOR ANY REASON, PLEASE LET STAFF KNOW IMMEDIATELY

IF YOU HAVE A BLEEDING DISORDER, PLEASE LET STAFF KNOW BEFORE YOUR PROCEDURE

Patient Signature

Date