

Please fill-out the attached forms and bring them for your appointment.

Dear _____
Your appointment is scheduled with DR. _____

Appointment Date _____ Please arrive at _____

It is important that you call us to confirm receipt of this letter (626) 577-2525.

PLEASE FOLLOW THESE INSTRUCTIONS OR YOUR APPOINTMENT WILL BE CANCELLED.

TRANSPORTATION:

- **YOU MUST HAVE A DRIVER.**
Please inform your driver that the total time is approximately **2-2 ½ hours**, they need to stay close by in case you are discharged earlier than expected.

MRI/CT SCAN:

- **IF YOU DID NOT HAVE AN MRI OR CT SCAN AT OAK TREE MEDICAL CENTER, YOU MUST BRING FILM/CD AND REPORTS TO YOUR APPOINTMENT.** They will be returned to you after your procedure.

FOOD/BEVERAGES/MEDICATIONS:

- **DO NOT EAT OR DRINK ANYTHING FOUR (4) HOURS PRIOR TO YOUR APPOINTMENT.**

MEDICATIONS TO DISCONTINUE PRIOR TO APPOINTMENT		
STOP 5 DAYS PRIOR	STOP 3 DAYS PRIOR	STOP 24 HOURS PRIOR
*Anti-coagulants like PLAVIX (no labs required) COUMADIN OR WARFARIN > Pro-time lab test is required the day before your appointment and the results faxed to our office. FAX: (626) 577-2995 before 3:30pm). PRADAXA (with kidney problems) Platelet Inhibitors like PLETAL REOPRO TICLID Please inform your cardiologist regarding this procedure.	*Salicylate medications like ASPIRIN (81 mg or 325mg) ANACIN BUFFERIN ECOTRIN EXCEDRINE or any oral, crèmes, or patches containing aspirin or salicylate like bengay, icyhot and salonpas. PRADAXA (without kidney problems) LOVAZA XARELTO	*Non-steroidal Anti-inflammatory Drugs (NSAIDs) Examples of NSAIDs are: ADVIL BEXTRA ALEVE(Naproxen) MOBIC FELDENE (Piroxicam) MOTRIN (Ibuprofen) RELAFEN VIOXX VOLTAREN (Diclofenac) Flector patch. Fish oil/ Omega 3 Meloxicam

***Please note that this is not a complete list, call your Pharmacist if you have any questions.**

- **Please inform us if you are taking antibiotics for ANY reason.** Your appointment should be scheduled one week after your course is completed and no longer needed or obtain a clearance from the prescribing doctor.
- Please take all other prescribed medications not listed above with a little sip of water.
- **AS A COURTESY TO OUR PATIENTS WHO ARE WAITING FOR A SPINE PROCEDURE, WE REQUIRE 24 HOURS NOTICE OF CANCELLATION. A CANCELLATION FEE OF \$50.00 WILL BE CHARGED IF WE ARE NOT GIVEN 24 HOUR NOTICE.**
- **PLEASE BRING A LIST OF YOUR CURRENT MEDICATIONS.**