

LIVER BIOPSY PRE APPOINTMENT QUESTIONNAIRE

Prescriptions will be sent or faxed to PMI from the ordering Physician's office including patient demographics, insurance information, and lab results. (PT, INR, Platelet). **If any of the information is insufficient please obtain to completion.**

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.

Are you currently taking: Anacin, Aspirin, Bufferin, Ecotrin, Excedrine? Yes No
or pain patch like salopas or icy hot
if so, these meds need to be stopped **3 days** prior to appointment
Pradaxa, Plavix or Coumadin, Warfarin? Yes No
Platelet Inhibitors like Pletal, Ticlid, or Reopro? Yes No

**if taking these meds, should be stopped for 5 days prior to procedure,
if taking Warfarin (Coumadin), Pro-Time should be tested the day before
and must be received before appointment time.**

Continue to take all other **prescribed** medications, especially blood pressure medications.

Do you take Anti-Inflammatory meds (NSAIDS)? Yes No
ADVIL, ALEVE (Naproxen), BEXTRA, FELDENE (Piroxicam), MOBIC, MOTRIN (Ibuprofen), Relafen, VIOXX, AND VOLTAREN (Diclofenac).
other: If so, **stop 24 hrs prior**

Are you allergic to any medication? Yes No
Med: _____ Reaction: _____

Most recent blood work (PT, INR, Platelet count), Date: _____ Location: _____
If none, need results prior to appointment.

Remind patient of appointment date and time. _____

Do not eat or drink 4 hours before procedure.

Don't forget to bring your insurance cards with you.

Plan on being here for 2-2 ½ hrs. Please advise driver to stay close just in case you are discharged earlier than expected.

Date called: _____

PATIENT NAME: _____ FILLED OUT BY: _____