



GATEWAY  
SPINE & PAIN  
PHYSICIANS

## Blood Thinner Request to Hold

Interventional Pain Specialists  
Board Certified, ABA

Main: 630.226.1130  
Fax: 630-226-1134  
Web: gatewaypain.com

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Date of Procedure: \_\_\_\_\_

Requesting Physician: John K. Hong, M.D. Andrew Kalin, M.D. George Charuk, M.D. Stacie Wharton PA-C

Pt is scheduled to have a:

- |   |  |
|---|--|
| <input type="checkbox"/> Epidural Steroid Injection       | <input type="checkbox"/> Transforaminal Epidural Steroid Injection |
| <input type="checkbox"/> Facet Joint Blocks/Injections/RF | <input type="checkbox"/> Sympathetic Block                         |
| <input type="checkbox"/> Nerve Block                      | <input type="checkbox"/> Spinal Cord Stimulator Trial/ Implant     |
| <input type="checkbox"/> Other: _____                     |  |

As their prescribing physician we are requesting your approval for Davis, Margaret to hold his/her blood thinner:

- |  |   |
|--|---|
| <input type="checkbox"/> Plavix- Hold for 7 days   | <input type="checkbox"/> Pradaxa- Hold 5 days; 6 days renal failure |
| <input type="checkbox"/> Coumadin- Hold for 5 days | <input type="checkbox"/> Xarelto- Hold 3 days                       |
| <input type="checkbox"/> Effient- Hold 10 days     | <input type="checkbox"/> Eliquis- Hold 3 Days                       |
| <input type="checkbox"/> ASA 325- Hold 7 day       |   |
| <input type="checkbox"/> Other: _____              |   |

To be completed by Prescribing Physician: **This request will be valid for 6 months unless otherwise noted:**

Prescribing Physician : \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Agree with the patient holding the medication  
 Patient should not discontinue anticoagulation  
 Patient may resume anticoagulation \_\_\_\_\_ days after the procedure  
 Patient may resume anticoagulation the same day of the procedure  
 Additional comments or instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Prescribing Physician

\_\_\_\_\_  
Date

THANK YOU. Please fax back to 630-226-1134