



2111 Airpark Drive
Redding, CA. 96001
(530) 247-3733

Office Hours
Monday - Thursday
7:00 am - 5:00 pm
Closed from 11:00 am - 12:30 pm

INSTRUCTIONS FOR THERAPEUTIC PROCEDURES

- Please notify the office of any ALLERGIES TO IV CONTRAST OR DYE
- Must be FREE OF INFECTION and MUST HAVE COMPLETED ANY PRESCRIBED ANTIBIOTICS 24 HOURS PRIOR TO VISIT.
- A DRIVER IS REQUIRED. You must have an adult drive you home and stay with you after your procedure. Failure to have a driver will result in cancellation of your procedure. There are few exceptions. If more than 2 people are in the waiting room, drivers may have to wait outside.
- NO FOOD 6 HRS PRIOR to procedures, including gum, coffee creamer, mints or cough drops. You may have water, black coffee or plain tea.
- NO FLUIDS 2 HRS PRIOR to procedure.
- NOTHING ON SKIN. Please be free of fragrance, lotions, deodorants and perfumes the day of the procedure. Please use unscented soap when showering the day of/before.

Procedure Check in Times

- Please check in 30 minutes prior to your procedure time.

Blood Thinners

- Must Stop!! You must be off blood thinners for Epidurals, Spinal Cord Stimulator (trials and implants), Vertebroplasty, Lumbar Sympathetic Blocks and Stellate Ganglion Blocks.
- There is no requirement to stop blood thinners if you are have an RFL, MBB, SIJ, or Hip injection.
- DO NOT STOP ANY BLOOD THINNERS WITHOUT CONSULTING YOUR PRESCRIBING PHYSICIAN. (TYPICALLY STOPPED 3-7 DAYS DEPENDING ON THE SPECIFIC MEDICATION)

NSAIDs

- Must Stop!! You must be off NSAIDs for 3 days if you are having a Cervical/Thoracic Epidural, or any other procedure not listed below. 7 days for Aspirin.
- There is no requirement to stop NSAIDs if you are having a Lumbar Epidural, Caudal, RFL, MBB, SIJ, or Hip injection.
- NSAIDs include the following medications: Ibuprofen/Motrin/Advil, Aspirin, Arthrotec/Diclofenac/Voltaren, Lodine/Etodolac, Ketorolac/Toradol, Meloxicam/Mobic, Relafen/Nabumetone, Aleve/Naproxen/Naprosyn/Daypro, Feldene, Clinoril/Sulindac,
- **Celebrex/Celecoxib** is a special case that may be continued in every circumstance.

Failure to follow these instructions may result in a cancellation of your procedure and a \$250 rescheduling fee. Thank you.

Patient or Responsible Party Printed Name

Patient or Responsible Party Signature

Date