



THE INTERVENTIONAL PAIN SPECIALISTS
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ANTICOAGULANT FORM

Date: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

INSTRUCTIONS FOR PHYSICIANS

Epidural procedures at our clinic require temporary hold of anticoagulation. Please sign and return this form if the above patient is under therapeutic anticoagulation. Indicate if the patient is allowed to withhold the anticoagulation medication as per the guidelines below. The patient will be directed if the procedure requires a hold on medication by our clinic prior to appointment. Kindly reply via fax or phone at your earliest convenience.

- Yes, it is ok to hold the anticoagulant as per table below.

- No, do **NOT** hold the anticoagulant. Due to: _____

Physician Signature: _____

Pre-Treatment time to hold anticoagulant

- | | |
|---|---|
| <input type="checkbox"/> Enoxaparin (Lovenox) [24h] | <input type="checkbox"/> ASA 81mg [OK - no need to hold] |
| <input type="checkbox"/> Apixaban (Eliquis) [3d] | <input type="checkbox"/> ASA/Dipyridamol (Aggrenox) [7d] |
| <input type="checkbox"/> Rivaroxaban (Xarelto) [3d] | <input type="checkbox"/> Clopidogrel (Plavix) [7d] |
| <input type="checkbox"/> Dabigatran (Pradaxa) [5d] | <input type="checkbox"/> Prasugrel (Effient) [7d] |
| <input type="checkbox"/> Warfarin (Coumadin) [~3d] | <input type="checkbox"/> Ticagrelor (Brilinta) [7d] |
| <input type="checkbox"/> Ticlopidine (Ticlid) [7d] | <input type="checkbox"/> all NSAIDs (except Piroxicam) [7d] |
| <input type="checkbox"/> Edoxaban (Lixiana) [3d]** | <input type="checkbox"/> Abciximab (Reopro) [2d] |

Regional Anesthesia in the Patient Receiving Antithrombotic or Thrombolytic Therapy: American Society of Regional Anesthesia and Pain Medicine Evidence-Based Guidelines (Fourth Edition) April 2018. doi: 10.1097/AAP.0000000000000763

**Per Updates to the ASRA Guidelines for Interventional Pain Procedures- ASRA Aug 2019

You can fax this reply back to TIPS (905) 237-5098: .

If further inquiries, contact our clinic at (905)237-4623 or via reception@tipsmed.com