



DOUGLAS E. HEMLER, M.D.

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BOARD CERTIFIED PM&R, PAIN MEDICINE, ELECTRODIAGNOSTIC MEDICINE

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NONSURGICAL ORTHOPEDICS, INTERVENTIONAL SPINE PROCEDURES, SPORTS MEDICINE, ELECTRODIAGNOSIS, OCCUPATIONAL MEDICINE, PAIN MANAGEMENT, REHABILITATION

Patient Name: _____ DOB: _____

Please circle any medications you are taking presently

Coumadin/Warafin	Fragmin/Dalteparin	Xarelto/Rivaroxanan
Heparin	Innohep/Tinzaparin	Pradaxa/Dabigatran
Lovenox/Enoxaparin	Aggrenox/Dipyridamole	Etexilate
Plavix/Clopidogrel	Effient	Suboxone
Aspirin____mg		
Above medications:	Prescribed: Y/N	Recommended: Y/N

Doctor prescribing any of the medications listed above:

Are you a diabetic: Y or N	Insulin dependent diabetes: Y or N
Aleve	Persantine/Dipyridamole
Anacin	Trental/Pentoxifyline
Advil	Toradol/Ketorolac
Celebrex/Celecoxib	Orgarin
Clinoril/Sulindac	Lodine/Etodolac
Daypro/Oxaprozin	Motrin/Ibuprofen
Fiorinal/Butalbital	Nuprin/Ibuprofen
Diclofenac/Cambia/Flector	Relafin/Nabumetone
Eliquis	Fish Oil
Feldene/Piroxicam	Garlic
Ticlid/Ticlopidine Hydrochloride	Ginko
Indomethacin	Ginseng
Ketorolac/Toradol	Glucosamine
Mobic/Meloxicam	Vitamin E
Naproxen/Naprosym	Voltaren/Voltarol/Cataflam/Zipsor
Pamprin	
Percodan	

By initialing the following statement I agree and understand that Providers will not be able to prescribe regular prescribed medications at the surgery center, please schedule a appointment if you need medications..

Patient Initials _____

Staff Initials _____

Patient Signature _____ Date _____