

## **Spinal Procedure and Anticoagulants**

Date:	
Patient Name:	

DOB: \_\_\_\_\_

## Note to Physicians

- Some spinal intervention procedures performed at our clinic require a temporary hold of anticoagulation.
- Please sign and return this form with your referral if your patient is under therapeutic anticoagulation.
- Please specify if the patients is permitted to withhold their anticoagulation medication, using the guidelines shown below.
- Upon confirmation of this information, if the procedure requires a hold on medication, our clinic will direct the patient accordingly when scheduling their treatment.

□ Yes, I have reviewed the file and it is okay to hold the anticoagulant as indicated by the selection in the guidelines below.

□ Yes, I have reviewed the file and had a discussion with the appropriate specialist with no concerns about holding anticoagulant as indicated by the selection in the guidelines below.

□ No, do NOT hold the anticoagulant, due to \_\_\_\_\_

(Please note, depending on the type of procedure, if the anticoagulant cannot be temporarily held this referral may be declined).

Physician Signature: \_\_\_\_\_\_

Enoxaparin (Lovenox)	[24 hrs]	□ASA 81 mg	[5 days]
🗆 Apixaban (Eliquis)	[3 days]	ASA/ Dypindamol (Aggrenox)	[7 days]
🗌 Rivaroxaban (Xarelto)	[3 days]	Clopidogrel (Plavix)	[7 days]
🗆 Dabigatran (Pradaxa)	[5 days]		[7 days]
U Warfarin (Coumadin)	[5 days]	Ticagrelor (Brilinta)	[7 days]
Ticlopidine (Ticlid)	[7 days]	all NSAIDs (except Piroxicam)	[7 days]
🗌 Edoxaban (Lixana)	[3 days]	Absciximab (Reopro)	[2 days]

## **Pre-Treatment Time to Hold Anticoagulant**

Please return this form, with the referral document (page 1)

If you have any questions regarding the above, please contact the clinic at 613-230-0008