



CAROL SUE CARLSON, MD, DABPM
Interventional Pain & Electrodiagnostic Medicine
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Patient: _____

Procedure: _____ with sedation YES NO

Date of Procedure: _____ @ _____ AM/PM. Please arrive @ _____ AM/PM

Follow up appointment: Telehealth phone call Date: _____ Time: _____ Telehealth video Date: _____ Time: _____

Office follow up appointment: _____ @ _____ AM/PM. Altoona Chippewa Falls Stanley

Oakleaf Surgical Hospital

1000 Oakleaf Way

Altoona, WI 54720

(715) 831-8130

Our Lady of Victory Hospital

1120 Pine Street

Stanley, WI 54768

(715) 644-6157

St. Joseph's Hospital

2261 County Hwy I

Chippewa Falls, WI 54729

(715) 723-1811

_____ ALLERGY TO LATEX, IODINE, CONTRAST DYE, SHELLFISH OR SEAFOOD

_____ HISTORY OF OR CURRENT MRSA/STAPH INFECTION

_____ HAD A FLU SHOT WITHIN 7 DAYS OF INJECTION

BLOOD THINNER INSTRUCTIONS

****** IT IS IMPORTANT TO FOLLOW ALL INSTRUCTIONS FOR THE DAY OF YOUR PROCEDURE!**

- If you are on Coumadin then your **INR** will need to be drawn the day before your procedure and results faxed to us. You may need to hold your Coumadin 5 days prior to the procedure. This will need to be authorized by the prescribing physician.

Prescribing Physician _____ Stop Coumadin on _____

- **DO NOT** take Heparin or Lovenox on the day of your procedure.
- **DO NOT** take Eliquis or Xarelto **24 hours** prior to a **cervical epidural steroid injection**.
- **DO NOT** take any Aspirin, Plavix, Ibuprofen, Motrin, Advil, Midol, Nuprin, Naproxen, Celebrex, Aleve, Aggrenox, or Excedrin, for **5 days** prior to your procedure if you having a **cervical epidural steroid injection**. Tylenol may be taken.

ANTIBIOTICS INSTRUCTIONS

- If you are prescribed antibiotics for infection prior to procedure, please contact the office as soon as possible.
- You must be off antibiotics for seven days prior to procedure.

SEDATION INSTRUCTIONS

- If you are to receive sedation for the procedure, **DO NOT** eat or drink anything 4 hours prior to the procedure time. Failure to comply with this may result in cancellation of your procedure or you may not be able to receive sedation. If your procedure is to be done with local anesthesia only, there are no dietary restrictions.
- Arrange for a responsible adult to drive you home. If you have sedation for the procedure, you will need a responsible person with you for 24 hours after the procedure.

ADDITIONAL INSTRUCTIONS

- Take all of your routine medications on the day of the procedure.
- Bring a list of your medications and medication allergies with you.
- A nurse from the hospital will likely be calling you 24-48 hours before your procedure to obtain a medical history from you. This will expedite your admission on the day of procedure.
- If you are diabetic, test your blood sugar 1 hour prior to coming in for your procedure. If it is 250 or greater, please contact the office immediately.
- If you should develop a cold, fever, or any other illness prior to your procedure, please call the office.
- Follow any special instructions your doctor has given you.
- Should you have any questions or concerns, please call the office during normal business hours. Following your procedure, if you develop any unusual pain or symptoms after normal business hours, please contact and/or report to the nearest emergency room.

*As a service to you, we will pre-certify your procedure with your insurance company and notify you if any problems arise. However, it is your responsibility to call your insurance company to verify your benefits/ coverage for this procedure. By signing this paper, you are stating that you have coverage under the above insurance and acknowledge that, if for some reason this procedure is not covered, you will be held responsible for the payment of the procedure.

(Signature of Patient or Personal Representative)

(Date)

(If Personal Representative, describe relationship to Patient)