



The Spine Center

OF DUPAGE MEDICAL GROUP

- John Gashkoff, M.D.
- Paul Manganelli, M.D.
- Yousuf Sayeed, M.D.

Blood Thinner Clearance

Patient Name: _____ DOB: _____

The following procedure has been ordered for you:

Since you are currently on blood thinners, you will need to obtain clearance from the physician who prescribed the blood thinner before you have this procedure. Please call their office and ask them to fax clearance for this procedure to (630) 428-0676 ATTN: Procedure Scheduling. We must have this clearance at least 4 days prior to your procedure. If we do not receive this clearance, we may have to cancel your procedure.

Thank you for your cooperation.

DuPage Valley Pain Specialists

Prescribing Physician's Office to Fill Out Below

You may proceed with the above procedure and I am authorizing the patient to refrain from taking:

_____ for 5 days 7 days 10 days prior to the procedure.
Prescribed Blood Thinner

Signature of Physician

Date