



KATY
Pain and Spine

- Karan Madan, MD.** **Nimish Davé, MD**
- Dawanna Walton, MD**

Patient Name: _____ Date: _____

MEDICATIONS:

Please indicate which (if any) of the following **BLOOD THINNERS** you are taking?

- Aggrenox Aspirin Coumadin Effient Eliquis Lovenox Plavix
- Pletal Pradaxa Ticlid Xarelto Warfarin

Other: _____

Please list ALL medications you are currently taking. Attach an additional sheet, if required.

Medication Name, Dose, Frequency

VITALS:

B/P: _____ **Pulse:** _____ **Height:** _____ **Weight:** _____