

Patient Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ MRN \_\_\_\_\_

## QUESTIONNAIRE: MYELOGRAM

Please review PRIOR to your appointment.

1. Are you taking any of these blood thinners?

**COUMADIN**

**PLAVIX (Clopidogrel)**

**EFFIENT (Prasugrel)**

**TICLID (Ticlopidine)**

**AGGRENOX (ASA & Dipyridamole)**

**PLETAL (Cilostazol)**

**PERSANTINE (Dipyridomole)**

**PRADAXA**

**IV HEPARIN**

**LOVENOX (Enoxaparin)**

**FRAGMIN (Dalteparin)**

**INNOHEP (Tinzaparin)**

**REAPRO (Abciximab)**

**AGGRASTAT (Tirofiban)**

**INTEGRELIN (Eptifibatide)**

**XARELTO (Rivaroxaban)**

**ELIQUIS (Apixaban)**

2. Are you on antibiotics?

3. Do you have an active infection or fever?

4. Are you allergic to contrast (X-ray dye)?

5. Do you have asthma?

6. Have you had a flu shot in the last two weeks?

If you answered **YES** to any of these questions, please call 252.752.5000 and ask to speak to a nurse, prior to your appointment.