Napa Pain Institute
Patient Care, Neuroscience Research and Clinical Education

Mailing Address:
P.O. Box 5510
Napa, CA 94581

Office Address:
3434 Villa Lane, Suite 150
Napa, CA 94558

(707) 252-9675 Office
(707) 258-2780 Fax
www.NapaPainInstitute.com

PATIENT MEDICATION LIST

For your safety, the following must be completed prior to each appointment.

Patient Name: .....

Please circle all/any of the following **prescription** and **over the counter medications** you are presently taking as they may affect your *blood's ability to clot:*

Aggrenox®
Aspirin
Coumadin®
Excedrin®
Heparin®
Ibuprofen
Lovenox®
Motrin®
Plavix®
Pradaxa®
Vioxx

Others, please list:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Please list any **pain medicines or routine medicines** you are taking:

Pain Medicine Name	Dose	# Per Day
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Please list all/any **drug allergies:** .....

.....

.....