

Medical Record Number

Patient Name

15-2779

**PROCEDURE • PREBREAST NEEDLE BIOPSY
QUESTIONNAIRE**

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ADDRESSOGRAPH OR LABEL - PATIENT NAME, MEDICAL RECORD NUMBER

Information below should be filled out on the day of the procedure only

1. Are you taking anticoagulants (blood thinners), such as Coumadin (Warfarin) pills, Plavix pills, or Lovenox (Heparin) shots? Yes No
2. If you take Coumadin (Warfarin), did you have a PT and INR test yesterday? Yes No

If yes, and performed outside of Stanford, provide the results of your test to the medical assistant.

** You should consult your prescribing physician as to when to resume this medication after the biopsy.*

3. Did you take any of the drugs listed below in the last 5 days?

- Aspirin, including baby aspirin Yes No
- Any drugs for pain or arthritis that could affect blood clotting
(Examples: Advil, Aleve, Ibuprofen, Motrin, Percodan) Yes No
- Any herbal medicines, including Gingko Biloba Yes No
- Vitamin E (Multivitamins may be taken) Yes No
- Fish oil or omega-3 fatty acids Yes No

** If you are having a core biopsy, please avoid these same medications for **3 days after the biopsy** because they can cause bleeding.*

4. **Tylenol (acetaminophen) is the ONLY over the counter drug for pain that you may take.** You may also take pain drugs prescribed by your doctor that do not affect blood clotting, such as Celebrex, Codeine, Darvocet, Darvon, Percocet, or Vicodin.

5. Do you have bleeding problems (excessive bleeding from cuts, developing large bruises without trauma) or a known bleeding disorder? Yes No

6. Are you allergic to local anesthetic (usually Lidocaine) used by dentists? Yes No

If yes, have you informed us about that allergic reaction so we can arrange to use a different local anesthetic during your biopsy? Yes No

7. Do you get a rapid heartbeat from local anesthetic used by dentists? Yes No

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If yes, we will use a reduced amount of epinephrine in the anesthetic during the biopsy.

8. Are you allergic to tape, latex, or Chloro-Prep (sterile alcohol-based scrub)? Yes No

If yes, circle the problem material. We will use a different material during your biopsy.

9. Are you going to take a sedative or tranquilizer for the biopsy? Yes No

If yes, please notify our nurse who can provide this medication to you after talking to the doctor. You should have a person to accompany you to drive you home after the biopsy.

Date Time Signature (Patient, Parent, or Properly Designated Representative)

PRINT NAME OF SIGNATOR RELATIONSHIP to PATIENT

If this document was translated:

Date Time Signature (Interpreter) or Interpreter ID Vendor Language

Date Time Provider/Reviewer Signature (Title) Print Name