Atlas
Neurosurgery & Spine

Abhishiek Sharma, MD
Erik Curtis, MD
Ashish Sharma, MD

Medication hold list for surgery

- Aggrenox
- Aleve
- Alka-Seltzer
- Amigesic
- Anacin products
- Anaflex
- Anaprox
- Ansaid
- Apo-ASEN
- Arco Pain Tablet
- Argeric
- Arthropan
- Arthrotec
- Ascriptin
- Aspergum
- Aspirin (all products containing aspirin)
- Aspir-Low
- Aspirtab
- Bayer
- Bayer time release
- Buffex
- Bufferin
- Bufferin Arthritis
- Buffinol
- Butalbital Compound
- Butazolidin
- Cama Arthritis
- Carisoprodol Compound
- Cataflam
- Clinoril
- Combunox
- Cope
- Daypro
- Diclofenac
- Diflunisal
- Disalcid
- Doan's
- Dolobid
- Easprin
- Ecotrin 81
- Empirin
- Endodan
- Entrophen
- Equagesic
- Es Anacin
- Etodolac
- Excedrin Migraine
- Feldene
- Fenoprofen
- Fiorinal
- Flector Patch
- Floctafenine
- Flurbiprofen
- Glucosamine
- Goody's
- Halfprin
- Helidac
- Ibuprofen
- Indocin
- Indomethacin
- Instantine
- Kaopectate
- Kava
- Ketoprofen
- Ketorolac
- Lodine
- Lovaza
- Magan
- Magnaprin
- Marthritic
- Meclofenamate
- Meclomen
- Medipren
- Mefenamic acid
- Midol
- Mobic
- Mobiflex
- Momentum
- Mono-Gesic
- Motrin
- Nabumetone
- Nalfon
- Naprelan
- Naprosyn
- Naproxen
- Norgesic Forte
- Nuprin
- Ocuvite
- Oruvail
- Orudis
- Oxaprozin
- Pamperin-IB
- Pepto-Bismol
- Percodan
- Phenylbutazone
- Piroxicam
- PMS-ASA
- Ponstel
- Prevacid NapraPAC
- Relafen
- Robaxisal
- Roxiprin
- Salflex
- Salsalate
- Sine-Aid IB
- Sodium salicylate
- Soma Compound
- St. Joseph Aspirin
- Sulindac
- Suprofen
- Suprol
- Surgam
- Synalgos-DC
- Tandearil
- Talwin Compound
- Tenoxicam
- Tiaprofenic acid
- Tolectin
- Tolmetin
- Toradol
- Tricosal
- Trilisate
- Vanquish
- Vicoprofen
- Voltaren
- Zorprin

We recommend stopping **Aggrenox, Arixtra, Aspirin, Brilinta, Coumadin, Eliquis, Fragmin, Innohep, Lovenox, Plavis, Pletal, Pradax** and **Xarelto** with approval of your prescribing physician to have normal coagulation at the time of surgery. We also recommend stopping supplements and other over the counter agents 7 days prior to surgery.
By signing, I agree that I must not take any of these over-the-counter medications for the time frame specified. I understand that failure to follow these instructions might result in the postponement of my surgery.

_____	_____	_____
Name of Patient/Legal Representative	Signature	Date

8402 E. Shea Blvd., Suite 100, Phoenix, AZ 85260
Phone: (602) 975-0123
Fax: (623) 900-7937
www.atlasneurosurgery.com