

PLATELET FUNCTION STUDIES

Drug History

Name: _____ Date: _____

Please circle any of the following medications that you have ingested in the last 10-14 days:

Adalat	Buff Tablets	Ecotrin Tabs	Magan Tabs	Phenylbutazone	Ticarcillin	Ceclor	Herbal remedies:
4 way Cold Tablets		Efficin tabs	Magsal Tabs	Piperacillin	Ticlid	Cefizox	[Please List]
ASA Emseals	Buff-A Comp	Elavil	Marnal Caps	Plavix	Ticlopidine	Cefotan	
ASA Tablets	Buffaprin Tabs	Emagrin tabs	Measurin	Ponstel	Ttoradol	Cefzil	Primrose Oil
Advil	Bufferin: any brand	Empirin	Meclomen	Procardia	Triaminicin Tabs	Cope	St John's Wart
Aleve	Reliever	Emprin	Methocarbamol	Profen	Trigesic Tabs	Claforan	Katsu Natto-Kinase
Alka-Seltzer Plus		EPA	Micrainin Tabs	Propranolol	Trilisate		
Alka-Seltzer Cold Tabs	Calurin	Equagesic Tabs	Midol - any type	Prostaglandin		Duricef	Biotin
Alka-Seltzer	Cama Inlay	Excedrin - any type	Mobig Tabs	Protacyclin	Uracel 5		
Amitriptyline	Carbinicillin					Fortaz	_____
Amoxil	Children's Aspirin	Fiorinal	Momentum Muscular	Quinidine	Vanquish Caplets	Keflex	_____
Anacin	Coricidin D Tabs	Fizrin	Backache Formula	Rebafen	Vernin	Keftab	_____
Anaprox Tabs	Coricidin Tabs			Relafen		Kefurox	_____
Anodynos Tablets	Cosprin 325 Tabs	Gaysal-S Tabs	Momo-Gesic	Robaxisal	Zorpin Tabs	Kefzol	_____
APC with Codeine	CP-S Tabs	Gelpirin Tabs	Motrin	Rowasa			
Arixtra	Darvon	Gemnisin			Geocillin	Mandol	_____
Arthralgen Tablets	Dasin Caps		Nalfon	S A C tabs	Penicillin	Mefoxin	_____
Arthritis Pain Formula	Demerol	Goody's Headache Powder	Naprosyn	Satetc	Compounds	Suprax	_____
Arthropan Liquid	Depakote		Neocylate	Salflex	Pfezerpen	Tazicef	_____
Ascriptin Tabs	Dino Tabs	Hydrocortisone	Nifedipine	Sin-Off Sinus	Pipracil	Tazidime	_____
Asperfum	Diovan		Nisads	Soma Compound		Zinacef	Vitamins and Rx Meds:
Aspirin	Dipyridamol	Ibuprofen	Norgesic & Forte	St Joseph Aspirin - any type	Trimentin	Trimox	[Please List]
Augmentin	Disalcid	Imidazole	Os-Ca-Gesic				_____
Azdone Tabs	Doans' Rills	Imipramine	Pabalate	Supac Tabs	Unasyn		_____
	Dolene Compound	Inderol	Pabirin	Synaglos Caps			_____
Bayer Aspirin	Dolobid	Indocin	Panasal Tabs		Valsarton		_____
Bay Time Released Aspirin	Dristan	Indomethacin	Pedia-Profen	Talwin	Veetids		_____
Bayer Child's Cold Tab	Duoprin Caps		Pepto Bismol	Tenstan Tabs			_____
BC Tabs and Powder	Durasol Tabs	Lancrinal	Percodan	Toradol Vanquish	Wycillin		_____
Bicillin	Dynosal Tabs	Lidocain	Persantine	Toprol			_____
Birth Control Meds	Easprin	Liquiprin	Persistin Tabs	Theophylline	Ancel		_____
	Emprazil	Lortab	Phenothiazine				_____



Special Coagulation Anticoagulant Drug List

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Below circle either: *Not on any Anticoagulant Medication* or *any medication taken indicating last dose date*.

Brand Name Generic Date last dose

Not on any Anticoagulant Medication

Coumadin Warfarin _____

Unfractionated Heparin UF Heparin _____

Lovenox Enoxaparin _____

Fragmin Dalteparin _____

Arixtra Fondaparinux _____

Xarelto Rivaroxaban _____

Pradaxa Dabigatran _____

Eliquis Apixaban _____

Argatroban N/A _____

Savaysa Edoxaban _____

Activase Alteplase _____

Completed by: Patient

RRL staff member name: _____

PSC staff member name: _____

Office staff member name: _____

Processing Department:

Forward a copy to Special Coagulation Department.
Image original.