



**YOUR SPINAL INJECTION PROCEDURE INSTRUCTIONS  
AT THE SPINE AND NERVE DIAGNOSTIC CENTER**

You have been scheduled for an injection with Dr. Reddy. It is necessary that you discontinue aspirin products for one full week prior to your injection. It is also necessary to discontinue any blood thinning medications for the amount of time noted on the SPINAL INJECTION MEDICATION GUIDELINES FORM. We request that you discuss this with your prescribing physician. In addition, you must discontinue any anti-inflammatory medications for a full 3 days before the procedure.

**YOU MUST HAVE A RIDE HOME.**

We prefer you have a ride home. If you cannot arrange for one, please notify us.

**PLEASE CALL US IF YOU HAVE AN ALLERGY TO IODINE.  
PLEASE CALL US IF YOU ARE TAKING ANTIBIOTICS FOR AN INFECTION.  
PLEASE CALL US IF THERE IS ANY CHANCE YOU MAY BE PREGNANT.**

**PROCEDURE LOCATION:**

**SPINE & NERVE DIAGNOSTIC CENTER  
4420 DUCKHORN DR. SUITE 200, SACRAMENTO, CA 95834  
916-419-9900**

**PROCEDURE DATE:** \_\_\_\_\_

**ARRIVAL TIME:** \_\_\_\_\_

**PROCEDURE FOLLOW UP APPOINTMENT:**

\_\_\_\_\_ @ \_\_\_\_\_

**Duckhorn Office (Sacramento) or North Sunrise Office (Roseville)**