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# REQUEST FOR MYELOGRAM

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PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

Patient's Diagnosis: \_\_\_\_\_

Doctor Name and Phone Number: \_\_\_\_\_

## THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Blood Thinners / Aspirin? Yes \_\_\_ No \_\_\_

(If yes, must be off for 7 days before procedure)

Current H & P? Yes \_\_\_ No \_\_\_ (within 30 days)

Latex Allergy? Yes \_\_\_ No \_\_\_

Is pt on dialysis? Yes \_\_\_ No \_\_\_ (if so, when was last time)

Lab – PT/PTT/CBC Must be done BEFORE day of appt.

Labs done? Yes \_\_\_ No \_\_\_ Will get \_\_\_

Opening/closing pressures? Yes \_\_\_ No \_\_\_

Can pt consent for themselves Yes \_\_\_ No \_\_\_

(if not – need someone who legally can)

List of lab tests on CSF Yes \_\_\_ No \_\_\_

Number of Vials to send Yes \_\_\_ NO \_\_\_

Pt must be able to lay on their stomach and hold still

## INSTRUCTIONS:

Must be NPO

No narcotics after midnight

Check into SDS 2 hrs prior to appt time

Will be here for 2-4 hrs post procedure

Need someone to drive them home