



Biopsy Schedule Instructions

Fleet enema to be used at	Arrival Time	Procedure Time

Your appointment is on _____ at _____.

Please use a fleets enema two hours before your appointment, regardless of if you have had a bowel movement that day or not.

You will receive an antibiotic injection, Rocephin 1 gram one- hour prior to your procedure. Please inform our staff of any allergies to this medication before receiving it.

Please do not take any aspirin or aspirin-related products for at least five days before your procedure. The following products contain aspirin:

Aspirin	Heparin	Xarelto
Alka-Seltzer	Ibuprofen	Eliquis
Anacin	Motrin	Plavix
Ascriptin	Pradaxa	
BC Headache Powder	Persantine (generic: Dipyridamole)	
Coumadin (generic: Soafarin, Panwarfarin, Cargin, Warfarin Sodium	Percodan (generic: Oxycodone with Aspirin)	
Ecotrin	Robaxisa (generic: Methocarbamol with Aspirin)	
Equagesic	Stanback	
Excedrin	Vanquish	

Anticoagulants for Prostate Ultrasound/Biopsy

Patient: _____ DOB: _____

Are you currently taking any blood thinners or anything that contains aspirin (salicylic acid)?

Yes No

Patient Signature _____

Witness Signature _____



These are some of the items that may contain aspirin, please circle if you take any of these:

Aspirin	Heparin	Xarelto
Alka-Seltzer	Ibuprofen	Eliquis
Anacin	Motrin	Plavix
Ascriptin	Pradaxa	
BC Headache Powder	Persantine (generic: Dipyridamole)	
Coumadin (generic: Soafarin, Panwarfarin, Cargin, Warfarin Sodium)	Percodan (generic: Oxycodone with Aspirin)	
Ecotrin	Robaxisa (generic: Methocarbamol with Aspirin)	
Equagesic	Stanback	
Excedrin	Vanquish	

Others _____

Are you allergic to Rocephin? Yes or No

Patient will receive Rocephin 1 hour prior to the procedure.

Patient Initials: _____ Employee Initials _____

Patient has been counseled not to take the above medications within 5 days prior to the procedure.

Patient Initials: _____ Employee Initials _____

During the performance of a prostatic ultrasound, your doctor will perform a biopsy. A needle would be inserted into the prostate for removal of tissue to be sent to pathology to check for cancer. My doctor has explained the risk and dangers of this procedure to me, and I have read, and I understand the procedure as presented in the information pamphlet, which I have been given. I understand that the specimen obtained will be sent to an outside laboratory for pathology. Unless you specifically request otherwise, this includes but is not limited to Southeastern Pathology Associates and Bostwick Laboratories. I further understand that these entities are separate from Tennessee Valley Urology Center, P.C. and I will receive a separate bill for pathology services.

Patient Signature _____

Witness Signature _____