



Howard Leitner & Perlmutter
UROLOGIC ASSOCIATES

Orchard Medical Park
2401 Highway 35
Manasquan, NJ 08736
Telephone: 732-800-3013
Fax: 732-223-7151
www.newjerseyurologists.com

Michael L. Howard, MD, FACS
Robyn R. Leitner, MD, FACS
Mark A. Perlmutter, MD, FACS
Diplomates, American Board of Urology

I, _____, have been adequately informed of the risks and benefits of surgery. Specifically, that I **must stop any medication or other substance that may prevent blood clotting for 7-10 days prior to my procedure**, unless otherwise specified by Drs. Howard, Leitner or Perlmutter. **These medications include but are not limited to Aspirin, Motrin, Advil, Nuprin, Plavix, Clopidogrel, Coumadin, Elmiron, Vitamin E or multivitamins that contain Vitamin E.** I understand that it is my responsibility to properly inform Drs. Howard, Leitner or Perlmutter of any and all medications that I may be taking. I understand that failure to comply with the above instructions with or without their knowledge may cause excessive bleeding leading to complications during my procedure and increase risk of a blood transfusion. I hold Drs. Howard, Leitner and Perlmutter blameless for any such related complication.

Printed Name: _____

Signature: _____

Date: _____