

Patient Record Sheet: DOAC Before and After Procedures

Patient Name: _____ Patient Weight: _____ kg		
Surgeon Name: _____ DOAC Dose: _____ mg		
Type of Procedure: _____ DOAC Name: _____		
Date	Number of days before/after procedure	Please take your DOAC as instructed below:
		Take last DOAC dose today
	Procedure (Day 0)	Do not take DOAC
		Resume normal DOAC dose today
If you have any questions or experience serious bleeding, call your doctor: _____		
MD Signature: _____ Date: _____		