

# A Personalized Antithrombotic Medication Management Worksheet

**USE THIS SHEET IF YOU ARE ON A DOAC:  
APIXABAN, EDOXABAN, RIVAROXABAN,  
or DABIGATRAN**

## Background Information

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With Your Surgeon**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Preferred pharmacy (include name, address, and phone number):  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name and phone number:  
\_\_\_\_\_  
\_\_\_\_\_

## Medication Information

Check off which medicines you take in the boxes below.

Next to your medication, fill in your dose, the reason why you take it, and who prescribes it.

✓	Blood Thinner	Dose	Why do you take it?	Who Prescribes it?
<input type="checkbox"/>	Apixaban (Eliquis®)			
<input type="checkbox"/>	Rivaroxaban (Xarelto®)			
<input type="checkbox"/>	Dabigatran (Pradaxa®)			
<input type="checkbox"/>	Edoxaban (Savaysa®)			

✓	Antiplatelet	Dose	Why do you take it?	Who Prescribes it?
<input type="checkbox"/>	Aspirin			
<input type="checkbox"/>	Clopidogrel (Plavix®)			
<input type="checkbox"/>	Ticagrelor (Brilinta®)			
<input type="checkbox"/>	Prasugrel (Effient®)			

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Information and Instructions for Your Procedure

Name or type of procedure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date, time, and location of procedure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFTER YOUR PROCEDURE:**

Restart my \_\_\_\_\_ on (DATE)  
and follow these instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(RECORD DOSAGE AND TIME TO RESUME IT,  
THEN HOW TO CONTINUE GOING FORWARD.)

**BEFORE YOUR PROCEDURE:**

Based on discussions with my healthcare team and  
instructions from my doctor(s), I will...

- Continue taking my \_\_\_\_\_ as usual  
and will not make any changes to how I take it.
- Stop taking my \_\_\_\_\_ on  
\_\_\_\_\_ (DATE).

If I have questions, I can contact  
\_\_\_\_\_ [NAME]  
at \_\_\_\_\_ [PHONE NUMBER].



