

Blood Thinners & Dental Work Communication Sheet

Information to share before the procedure

Do not stop, skip, or change a blood thinner without instructions coordinated with your prescribing clinician.

Name: _____ Date: _____

Planned procedure / appointment date:

1. My care-team contacts

Dental office / clinician / phone:

Prescribing clinician or managing clinic / phone:

2. My current blood-thinner medicines

Copy your current prescribed regimen. This is a medication record, not an instruction to change it. Attach another page if needed.

Exact medication name	Prescribed dose / usual schedule

Recent medication changes / changed by whom:

Attach your complete medicine, supplement, and allergy list. Tell the team about previous unusual bleeding and relevant medical conditions.

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Instructions to confirm with my care team

Do not stop, skip, or change a blood thinner without instructions coordinated with your prescribing clinician.

1. Confirm the coordinated plan

Who provided the plan / date / contact:

Prescribing clinician consulted, if needed / confirmation:

Preparation instructions (copy exactly or attach them):

If instructions conflict or are unclear, contact the dental office and prescribing clinician before making any medication change.

2. Ask about care after the procedure

Aftercare directions / pain-medicine advice:

What bleeding is expected, and what should I do?

What symptoms mean call the office or seek urgent help?

3. Contacts and follow-up

Daytime / after-hours phone:

Follow-up date / unresolved question:

No medication changes are authorized by this sheet. Source: ADA guidance on blood thinners and dental care.