

# BLOOD THINNERS AND DENTAL TREATMENT – PATIENT EDUCATION



Blood thinners are medicines that either keep harmful blood clots from forming in the body or prevent existing blood clots from getting bigger. The two most common types of blood thinners are anticoagulant medications - like Coumadin (warfarin), Heparin, and Lovenox (enoxaparin sodium)) and antiplatelet medications (like aspirin, Plavix, or Advil / Motrin (ibuprofen).

For patients on blood thinners the risks with dental treatment involve bleeding during and after treatment. During the dental procedure, your doctor will take the necessary step to stop the bleeding, or achieve hemostasis, prior to you leaving the office. Bleeding after invasive dental treatment is uncommon - but it can occur.

Because you are on blood thinners it is very important for you to closely monitor all post-treatment bleeding. You must immediately contact the treating doctor of any bleeding that does not stop, is very heavy, or is abnormal for you. Your doctor can be reached at the office EMERGENCY PHONE NUMBER:

\_\_\_\_\_.

If you are unable to reach the office about bleeding after dental treatment call 911 or go to the nearest emergency room.

## **Patient Acknowledgement**

After discussing the risks, benefits, and alternatives for undergoing dental treatment while on blood thinners with my doctor, I have decided to have my dental treatment.

In making the decision for dental treatment while on blood thinners, my treating doctor described to me:

- The risks of bleeding during and after dental treatment;
- That I will need to contact the treating doctor about any bleeding that does not stop after the dental treatment; and
- To call 911 or go to the nearest emergency room if I have any concerns about post-treatment bleeding.

I have informed the treating doctor of:

- My underlying health issues;
- Any recent changes to my health issues;
- Any recent changes to my blood thinner medications; and
- All medications prescribed for me.

At the request of my treating doctor, I will provide up-to-date laboratory results before the dental treatment.

My signature below acknowledges I have read and understand this document, that I understand the information provided to me by the doctor and staff, and that my questions have been answered to my satisfaction.

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**Printed Patient's Name**

**Patient Birthdate (MM/DD/YY)**

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**Patient's (or Legal Guardian's) Signature**

**Date**

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**Printed Name of Doctor**

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**Doctor's Signature**

**Date**

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**Printed Name of Witness**

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**Witness Signature**

**Date**