

Patient name:

Instructions for taking apixaban, dabigatran, edoxaban or rivaroxaban before and after your operation

Medication	
Dose and time normally taken	
Miss _____ doses before your operation.	
Miss _____ doses after your operation then restart (unless your surgeon says otherwise).	

	DAY & DATE	MORNING	EVENING
4 Days before operation			
3 Days before operation			
2 Days before operation			
1 Day before operation			
Day of operation			
1 Day after operation			
2 Days after operation			
3 Days after operation			

Signed: _____

Date: _____

If your operation is cancelled or the date changed please contact us for advice on _____