Pre-Dental Treatment Instructions Direct Oral Anticoagulants (DOACs)

Patient name:

Patient address:

CHI OF NHS number:		
Name of anticoagulant drug: Time(s) usually taken each day:		
	will discuss and agree your dental to sollow before attending for your trea	reatment with you and explain the advice atment.
What to do	o before your dental treatme	nt
Please follo	w the instruction that your dentis	t has ticked below.
On the morr	ning of your dental treatment:	
Т	ake your morning dose of DOAC as t	usual.
M	liss your morning dose of DOAC.	
D	elay your morning dose of DOAC un	til after your dental treatment.
	will tell you when to take the next or ental treatment.	dose of your anticoagulant medication
Please follo	w any other instructions provided	l here by your dentist.
Other inst	ructions:	
		nent if you do not follow the pre-treatmenting for treatment if you have any queries.
Dentist cont	act phone number:	
Advice issued by: Date:		Date:
NHC	This leaflet has been developed by the	

Scottish Dental

Clinical Effectiveness Programme

Scottish Dental Clinical Effectiveness

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