MANAGEMENT OF RIVAROXABAN (XARELTO®) BEFORE AND AFTER MEDICAL PROCEDURES OR SURGERY

This form should be completed by your doctor. It provides instructions on when to take your rivaroxaban (Xarelto®) if you are having a procedure or surgery.

Date of procedure: __________________________

Procedure: ________________________________

Indication(s) for anticoagulation: ______________________

Usual RIVAROXABAN dose: ________________________ Calculated CrCl (mL/min) (kidney function): ____________

Bleeding risk:

☐ MINIMAL  ☐ LOW  ☐ HIGH

Consulted with specialist performing the procedure: ☐ YES  ☐ NO

Comments: __________________________________________

Thrombotic (clotting) risk:

☐ LOW  ☐ MODERATE  ☐ HIGH

Consulted with specialist managing anticoagulation: ☐ YES  ☐ NO

Comments: __________________________________________

Show this form to the doctor at any appointments BEFORE your procedure. Bring this form to your procedure.

When to take RIVAROXABAN BEFORE your procedure

Continue to take your RIVAROXABAN as usual until ____/____/____

<table>
<thead>
<tr>
<th>Number of days before surgery</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Day of procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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<tr>
<td>MORNING Dose</td>
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<td>None</td>
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<tr>
<td>EVENING dose</td>
<td></td>
<td></td>
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<td>None</td>
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</tbody>
</table>

If you require further information please contact: ________________________ on ______________________

Doctor name: ___________________________ Signature: ___________________________

Designation: _______________________ Phone Contact: __________________ Date: _____________
Taking RIVAROXABAN AFTER your procedure

Date of procedure: ____________________________
Procedure: ___________________________________

Complete this form with your surgeon or proceduralist AFTER your procedure.

When to take RIVAROXABAN AFTER your procedure:

<table>
<thead>
<tr>
<th>Number of days after procedure</th>
<th>Day of procedure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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<tr>
<td>MORNING dose</td>
<td>None</td>
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<td></td>
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</tr>
<tr>
<td>EVENING dose</td>
<td>None</td>
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</tbody>
</table>

Then, continue to take your RIVAROXABAN as normal from _____/____/____

Show this form to your doctor during any appointments straight AFTER your procedure.

If you require further information please contact: ____________________________ on ____________________________

Instructions if you notice any signs of bleeding AFTER your procedure

Signs of bleeding may include:_______________________________________________________________________

Please contact ____________________________ on ____________________________ if you notice any of these signs.

If the bleeding is severe, go straight to your nearest Hospital Emergency Department.
Tell them you are taking RIVAROXABAN

Doctor name: ____________________________________________ Signature: ____________________________________
Designation: ____________________________ Phone Contact: ____________________________ Date: ____________________________

For information on managing RIVAROXABAN refer to the CEC NOAC Guidelines http://bit.ly/2q4ObP5