ANCHOR
PERIODONTICS
Periodontal & Implant Center

Patient Medical Clearance

Patient Name: _____

Date of Birth: _____

Treating Dentist/Surgeon: Ranjitha Krishna, D.M.D. / Periodontics

Date: _____ Fax/Email Contact: _____

Dear _____,

Our mutual Patient has an upcoming surgery on _____.

Scheduled Procedure: _____

Local anesthesia will be administered along with the possible use of nitrous gas.
Please respond with clearance and any instructions for the blood thinners.

Anticoagulation Recommendations:

- Discontinue (circle) Eliquis- Xarelto- Pradaxa-Coumadin-Savaysa- Brilinta- Effient- Plavix- Lovenox- Arixtra- Heparin _____days prior to surgery/procedure
- Resume (circle) Eliquis- Xarelto- Pradaxa-Coumadin-Savaysa- Brilinta- Effient- Plavix- Lovenox- Arixtra- Heparin as soon as deemed appropriate

Comments: _____

Please E-mail completed instructions to info@anchorperio.com

Thank you!

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