

I am under anticoagulation treatment with Rivaroxaban

Name:

Other medications/Conditions:

Address:

Date of birth:

Weight:

In case of emergency, please notify:

Doctor's name

Doctor's phone

Doctor's stamp

Please also notify:

Name

Phone:

Relationship

Information for healthcare providers:

- ❖ INR values should not be used as they are not a dependable measure of the anticoagulant activity of Rivaroxaban.