

Bleeding Disorders Dental Program

Bleeding Disorder Procedure Management Plan for Dental Treatment

This document is to be filled out by the hematology care team and distributed to the dental office and patient.

Patient Name:

Date of Birth:

Bleeding Disorder Diagnosis:

Scheduled Date of Procedure:

Procedure (i.e., crown, extraction):

Pre-Procedure Treatment:

Day After Procedure Treatment:

Emergency Protocol (i.e., post op bleeding):

Additional Notes, Comments: