

## Dan Hibbert Urology, PC Daniel Hibbert, MD Stephen A. Loper, PA-C

## **Anticoagulant Information Sheet**

Patient Name:			
Date Of Surgery:			
Do you take any of the following:			
Apsirin	Yes	No	
Plavix	Yes	No	
Coumadin	Yes	No	
Other Blood Thinners	Yes	No	
I understand that I must be off all b of surgery.	olood thinn	iers 7 days prior	to my date
I understand that my surgery will b products.	e cancelle	d if I am taking a	any of these
Patient			
Physician			