

# CSL Behring

## INFORMATION FOR THE DENTIST

Date: \_\_\_\_\_

\_\_\_\_\_ has a bleeding disorder as described below. To prevent prolonged bleeding, pre-treatment with factor concentrate, DDAVP® (desmopressin acetate), Stimate® (desmopressin acetate) Nasal Spray, 1.5 mg/mL, and/or Amicar® (aminocaproic acid), may be needed prior to many dental procedures. Please check with the patient's Hemophilia Treatment Center before beginning any dental treatments. The most common concerns are related to block anesthesia, oral surgery, or extractions.

|                        |        |           |      |          |        |
|------------------------|--------|-----------|------|----------|--------|
| HEMOPHILIA:            | A or B | Severity: | Mild | Moderate | Severe |
| VON WILLEBRAND DISEASE | Type:  | Severity: | Mild | Moderate | Severe |
| OTHER COAGULOPATHY     | Type:  | Severity: | Mild | Moderate | Severe |
| INHIBITOR?             | Yes No |           |      |          |        |

Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If this patient has an inhibitor, mandibular or maxillary blocks should not be performed. The patient's Hemophilia Treatment Center should be contacted prior to performing any procedure.*

VENOUS ACCESS DEVICE (IVAD)? Yes No

Information: \_\_\_\_\_

*If this patient has a venous access device, prophylactic antibiotic therapy may also be administered prior to any dental procedure.*

JOINT REPLACEMENT? Yes No

Information: \_\_\_\_\_

*If this patient has an artificial joint, prophylactic antibiotic therapy may also be administered prior to any dental procedure.*

CO-INFECTIONS i.e., HIV, Hepatitis B, Hepatitis C (please list)

\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS TAKEN (please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS FOR THIS PATIENT (please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE CONTACT THE PATIENT'S HEMOPHILIA TREATMENT CENTER WITH QUESTIONS:

Contact Person: \_\_\_\_\_

Hematologist: \_\_\_\_\_

Treatment Center: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Emergency Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Amicar® (aminocaproic acid) may be administered with some dental procedures. Contact the patient's Hemophilia Treatment Center to determine the need for Amicar® dosage and the duration of treatment. Amicar® should not be given if the patient has hematuria, renal disease, or a urinary tract infection. Please see current prescribing information for Amicar® in the Physicians' Desk Reference®.