

### What should I know about Rivaroxaban Umedica?

- ◆ Rivaroxaban Umedica thins the blood, which prevents you from getting dangerous blood clots.
- ◆ Rivaroxaban Umedica must be taken exactly as prescribed by your doctor. To ensure optimal protection from blood clots, **never skip a dose.**
- ◆ You must not stop taking Rivaroxaban Umedica without first talking to your doctor as your risk of blood clots may increase.
- ◆ Tell your health care provider about any other medicines you are currently taking, took recently or

intend to start taking, before you start Rivaroxaban Umedica.

- ◆ Tell your health care provider that you are taking Rivaroxaban Umedica before any surgery or invasive procedure.

### When should I seek advice from my health care provider?

When taking a blood thinner such as Rivaroxaban Umedica it is important to be aware of its possible side effects. Bleeding is the most common side effect. Do not start taking Rivaroxaban Umedica if you know you are at risk of bleeding, without first discussing this with your doctor. Tell your health care provider straight away if you have any signs or symptoms of bleeding such as the following:

- ◆ pain
- ◆ swelling or discomfort
- ◆ headache, dizziness or weakness
- ◆ unusual bruising, nosebleeds, bleeding of gums, cuts that take a long time to stop bleeding
- ◆ menstrual flow or vaginal bleeding that is heavier than normal
- ◆ blood in your urine which may be pink or brown, red or black stools
- ◆ coughing up blood, or vomiting blood or material that looks like coffee grounds

### How do I take Rivaroxaban Umedica?

- ◆ To ensure optimal protection, Rivaroxaban Umedica
  - 2.5 mg can be taken with or without food
  - 10 mg can be taken with or without food
  - 15 mg must be taken with food
  - 20 mg must be taken with food

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## Patient Alert Card



- Rivaroxaban Umedica 2.5 mg
- Rivaroxaban Umedica 10 mg
- Rivaroxaban Umedica 15 mg
- Rivaroxaban Umedica 20 mg

- ◆ **Keep this card with you at all times**
- ◆ **Present this card to every physician or dentist prior to treatment**

### I am under anticoagulation treatment with Rivaroxaban Umedica (rivaroxaban)

Name: _____	Other medicines / conditions: _____
Address: _____	_____
_____	_____
_____	_____
Birth date: _____	Weight: _____
_____	_____

### In case of emergency, please notify:

Doctor's name: _____
Doctor's phone: _____
Doctor's Stamp: _____

### Please also notify:

Name: _____
Phone: _____
Relationship: _____

### Information for health care providers:

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

