INR Flow Sheet

Patient Name *Sample, Patient Beta*

Health Card # *0001 000 009*

Patient's Preferred Method Of Notification
Check one of the following:

[X] Phone *(902) 555-0248 work*

[ ] Speak directly with me [X] Leave a message [ ] Do not leave a message

[ ] Email

[ ] Through pharmacy

Date Warfarin started: *2006/07/20* (YYYY/MM/DD)

Diagnosis: *Duis pellentesque*

DX Duration: *8 years*

Primary Provider: *DR. TRIXIE GREGOIRE*

DR. BHARTI VERMA Attending Provider

2014/07/14 Date

Date	INR	Current Dose	Comment/Dose Changed	Patient Notified	Attending Provider Signature	Primary Provider Signature
2014/01/12	*10.3*	*100 mg*	*Pharetra quam, rutrum sollicitudin lorem.*	*2014/01/12*	*AAP*	*FBP*
2014/07/14	*8.6*	*100 mg*	*Nullam consectetur ultrices rhoncus. Phasellus blandit rhoncus libero.*	*2014/07/14*	*AAP*	*FBP*