

Office

A/C Clinician: **Dr Pepper**
WARFARIN DOSING SERVICE

Tel: **01209 555555**
Printed on Wednesday 15-July-2015

BEFORE THESE INSTRUCTIONS ARE FOLLOWED, PLEASE CONFIRM THAT THE PATIENT'S NAME AND ADDRESS ON THIS SHEET ARE CORRECT.

TEST VIEW

1 Test Lane
Testertown
Teswall
TE1 1ST

Patient Number: **987654322**
NHS Number: **None**
Telephone: **01209000000**

Please take your warfarin tablets as follows (at the same time each day)

Tues	take 2 x Brown (1mg)	(total 2.0mg)
Wed	take 2 x Brown (1mg)	(total 2.0mg)
Thurs	take 2 x Brown (1mg)	(total 2.0mg)
Fri	take 2 x Brown (1mg)	(total 2.0mg)
Sat	take 2 x Brown (1mg)	(total 2.0mg)
Sun	take 2 x Brown (1mg)	(total 2.0mg)
Mon	take 2 x Brown (1mg)	(total 2.0mg)

Your next liver blood test is due on **Tuesday 11-August-2015**

If you experience any unexplained bruising or bleeding please contact your doctor or the nearest Accident & Emergency Department immediately.

Diagnosis: DVT or PE (Recurrent)

Target INR: 2.5	Date of test	14-Jul-2015	22-Jun-2015	08-Jun-2015
Start Date: 01-June-2014	INR	2.4	2.4	2.1
End Date: Indefinite	Dose	2.0mg	2.0mg	2.0mg
	Review	28 Days	21 Days	14 Days
	Omits	0	0	0