TWH Family Health Centre
Warfarin Flow Sheet

Indication: ❑ A.fib ❑ DVT ❑ PE ❑ Mechanical Valve ❑ CVA ❑ Other _____ Date of Dx___

Target INR: ❑ 2.0 – 3.0 ❑ 2.5 – 3.5 ❑ Other _____

Duration of Tx: ❑ 3 months ❑ 6 months ❑ 1 year ❑ Indefinite ❑ Other _____

Laboratory: ❑ UHN ❑ MDS ❑ CML ❑ GammaDynacare ❑ Other _____

Contact Person:_____ Pharmacy:_____

Date	INR	Current Regimen	Tablet Strength	Plan	Comments	Initials

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