



## CONSULTANTS IN MEDICAL ONCOLOGY AND HEMATOLOGY, PC

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Name \_\_\_\_\_

DATE \_\_\_\_\_

**Coumadin Dose Schedule** is provided to help you with your Coumadin dose (to control your blood thinning).

After we check your blood test (PT/INR), we will tell you which **DOSE LEVEL** of Coumadin to take. You might receive these instructions from us in the office or over the phone.

Every time your dose level changes, please record the new level on the table provided, along with your INR and the date you were instructed to make the change.

**PLEASE BRING THIS SCHEDULE TO ALL OF YOUR MEDICAL VISITS.**

**PLEASE, KNOW YOUR DAILY DOSE OF COUMADIN.  
REPORT THE DOSE TO OTHER PRACTITIONERS AS NEEDED.**

Your blood test (PT/INR) will be done as needed (from weekly to monthly).

**PLEASE NOTIFY US IF YOU TAKE ANTIBIOTICS, SINCE INR WILL THEN NEED TO BE DONE AT LEAST WEEKLY.**

As always, **CALL** with any questions, concerns, or any bleeding.