



UNC
HEALTH CARE
CENTER FOR EXCELLENCE
IN CHRONIC ILLNESS CARE

Patient Coagulation Record

Patient Name: _____

Date: _____

PT: _____ **INR:** _____

**UNC Internal Medicine
Enhanced Care Anticoagulation Program**

**Office (984) 974-4462; Toll Free (866) 633-8002
Fax (919) 966-4507**

CHANGE COUMADIN DOSE TO: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY