INR Instruction Sheet

Patient Name_____ Date _____

Today's INR result_____ Your Goal is_____

Based on your INR result today, you should:

_____Continue taking the same dose of Warfarin/Coumadin each day. See table below.

_____Change your current dose of Warfarin/Coumadin. See table below.

Tablet strength:_____

Return to Clinic to have your INR checked in/on_____

Sun	Mon	Tue	Wed	Thu	Fri	Sat