WARFARIN TREATMENT + INR RECORD

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| NAME |  |

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| WARFARIN THERAPY  |
| Initial Start Date | **Condition Requiring Treatment** | **Desired INR Range** |
|  |  |  | **to** |  |

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| Date | Bloods Taken | INR Result | Dosage Change | Current Dosage and Dosage Changesmg | NotesE.G. ACTION REQUIRED, CHANGE TO DIET, OTHER MEDICATION STARTED/STOPPED, NEXT APPOINTMENT DATE |
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