McLaren Medical Group

# PROTHROMBIN TEST/ COUMADIN ORDER RECORD

Starting Coumadin Dose:_____

Duration of Order: _____

Frequency of PT/INR: _____

Indications for Use:_____

INR Goal: _____

Ordering Physician Signature & Initials:_____

| Date | PT | INR | Date Drawn | Current Coumadin Dose | New Coumadin Order | Next PT/INR Ordered | Ordering Provider Initials |
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*NOTE: all tests must be documented in the progress note to reflect order, date/time or test, & signature*

Patient Name:

Date of Birth:

MM-34522 (12/11)

**PROTHROMBIN TEST / COUMADIN LOG**