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| Patient Name |  | | |
| Date of Birth |  | Gender (Male/Female) |  |
| Reference# |  | Telephone (Home/Mobile) |  |
| Address |  | | |
| **Notes:** |  | | |

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| DATE | PT (sec) | **INR** | **Current Coumadin Dose** | Notes/Comments | | Medical Personnel |
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|  |  |  |  |  | **Signature:** |  |