

Physician Order for INR Self-Testing Meter & Supplies for Home Use

For faster service please ensure that all areas of this form are completed.

Ordering Physician Information:

Practice/Clinic Name: _____ Phone: _____

Prescribing Physician: _____ NPI#: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact to whom INR test results should be communicated by patient:

Name: _____ Phone Number: _____

Patient Information:

Name: _____

Ship Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Alternate Contact Name: _____ Alternate Contact Phone: _____

Medical Information

Patient Diagnosis:

☐ Mechanical Heart Valve V43.3 ☐ Hypercoagulable Disorder 289.81 ☐ PE Iatrogenic 415.11 ☐ PE Infarction 415.19

☐ Atrial fibrillation 427.31 ☐ Phlebitis & Thrombophlebitis 451.89 ☐ DVT 453.4 ☐ Other: _____

Therapeutic Range: Low _____ High _____

Physician Order for INR Self-Testing Meter:

This patient's condition requires warfarin therapy to reduce the risks of thromboembolism. I am ordering a self-testing meter and supplies to enable this patient to test more frequently in order to help maintain a stable INR. **The patient will report INR self-test results directly to his/her following physician, as ordered.**

Further Support (check all that apply): ☐ Requires Frequent Testing ☐ Venipuncture Difficulty ☐ Unstable INR ☐ History of Major Bleeding or Stroke
☐ Difficult to Travel ☐ Travels Extensively ☐ Other: _____

☐ Coag-Sense™ PT/INR Monitoring System and Supplies

Physician's Signature _____ Date: _____

To purchase fax to: (801) 720-7568

For questions call: (888) 882-7739