Decatur County Memorial Hospital
The Quality Care You Want. Close By.

ANTICOAGULATION CLINIC REFERRAL ORDER

Fill in boxed sections. Use only Ball Point Pen with Black Ink.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
Patient Address: _____ SSN:_____
Patient Home Telephone Number:_____ Alternate Number:_____
ALLERGIES: _____

1. **Admit to DCMH Anticoagulation Clinic.**
2. **Patient to use DCMH Anticoagulation Clinic for finger-stick point-of-care PT/INR testing.**
   (Patients marked as being referred to DCMH Home Health Care may have finger-stick-point-of-care PT/INR testing performed by VNS Home Health Care nurse, with results called by nurse to DCMH Anticoagulation Clinic for interpretation and therapy adjustments.)
3. **PT/INR prn and adjust anticoagulation therapy per protocol.**
4. **Warfarin/Enoxaparin/Fondaparinux refills authorized prn by DCMH Anticoagulation Clinic Staff.**

5. Diagnosis supporting anticoagulation therapy: _____
6. INR Target Range: _____
7. First INR due (specify date): _____
8. Anticoagulation Therapy (please check one):
   ☐ Coumadin ☐ Jantoven ☐ Warfarin ☐ Other:_____
9. Starting Dose: _____
10. Anticipated Duration of Therapy:_____
11. Patient is on Low Molecular Weight Heparin (please choose one): ☐ Yes ☐ No
    If Yes, please specify drug, dose, frequency and start date below:
    ☐ Lovenox ☐ Arixtra _____mg SubQ every ____hours Start Date_____
    (*Patient will receive frequent INR testing while on Low Molecular Weight Heparin per protocol)
    If Yes, please specify the following: DC Low Molecular Weight Heparin when INR _____.
12. Patient has been referred to DCMH Home Health Care (please choose one): ☐ Yes ☐ No
13. Patient's Primary Care Physician: _____

14. **Please FAX this referral order form, along with the most recent H&P to 812-663-1190.**
15. **Patient should present this form to the DCMH Admitting Dept upon arrival for first appointment.**

Prescriber Signature:_____ Telephone Number: _____

Prescriber Printed Name*:* _____

Date: _____ Time: _____

Patient Sticker

MD-135-X
08/08/06
Revised: 10/17/07, 10/18/11, 05/29/12, 8/01/12, 7/18/18