

Date:

Re:

To:

Thank you for referring your patient to ARRCM Coumadin Clinic.

We would appreciate your providing the following documents:

- A completed Coumadin Management Service Referral Form (a copy is enclosed for your convenience).
- Copies of the last 4 INR results and Coumadin/warfarin dose
- Current medication list
- Date and duration of last Coumadin or warfarin prescription
- Chart notes from the patient's last visit in your office.

Please fax the documents to 541-789-6388.

We will contact the patient and schedule a Coumadin Clinic appointment with one of our providers.

Again we appreciate your referral. If you have any questions, please don't hesitate to call.

Thank you,

Christine Brokel, FNP, for  
RRMC Coumadin Clinic

Enclosure