

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

Ordering Physician Info

Practice/Clinic Name: _____ Phone #: _____
Prescribing Physician: _____ NPI#: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact to whom INR Test Results should be communicated by patient:
Name: _____ Phone #: _____

Patient Information

Patient Name: _____ Phone #: _____
Shipping Address: _____ City: _____ State: _____ Zip: _____
Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
Alternate Contact Name: _____
Alternate Contact Phone: _____

Medical Information

Mechanical Heart	Hypercoagulable	PE Iatrogenic 415.11
PE Infarction 415.19	Atrial Fibrillation	Phlebitis & Thrombophlebitis
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: _____		

INR System Prescribing:

Coag-Sense PT/INR Monitoring System and Supplies microINR Monitoring System and Supplies

Physician's Signature: _____ Date: _____

Please scan and email the completed form along with supporting documentation to orders@cliawaived.com or send by fax to 801-720-7568.