Warfarin Sodium (Coumadin) Chronological Event Sheet

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| Individual: |       | Health Care Provider: |       |
| Date of Birth: |       | INR Target Range/Goal: |       |
| Allergies: |       |
| Medical condition being treated or diagnosis: |       |

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| Date | Time | INR | Warfarin sodium (Coumadin) Dose | Next Lab Date | Comments/Notes | Signature |
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