

# WARFARIN DOSING CHART

Patient Name:  
Hospital Number:  
Date of Birth:

Date	INR	Dose	Signature	Bleep	Given Date/Time

**ENSURE CLINICAL INFORMATION BELOW IS REVIEWED PRIOR TO PRESCRIPTION**

Pre-admission warfarin regime:  
Target INR:  
Reason for anti-coagulation:  
Duration of anti-coagulation: