

Please seek immediate medical attention if you experience any of the following:

- A severe nosebleed or coughing blood
- Black, tarry stool or pink/brown urine
- Vomiting blood or passing blood in stool
- Chest pain
- Weakness or numbness on one side
- Trouble speaking, shortness of breath
- Severe headache
- Severe fall or injury to head

WHEN IN DOUBT:

Go to the Emergency Room or Call 911

INFO 90039 (REV. 09/09)

To reorder, log onto:
<http://www.virginia.edu/uvaprint>



Anticoagulation Information

- Anticoagulation Clinic - Northridge
434-243-4544
- University Medical Associates
434-982-0245
- University Physicians at Orange
540-661-4054
- Stoney Creek Family Medicine - Nellysford
434-361-2555
- _____

Please seek immediate medical attention if you experience any of the following:

- A severe nosebleed or coughing blood
- Black, tarry stool or pink/brown urine
- Vomiting blood or passing blood in stool
- Chest pain
- Weakness or numbness on one side
- Trouble speaking, shortness of breath
- Severe headache
- Severe fall or injury to head

WHEN IN DOUBT:

Go to the Emergency Room or Call 911

INFO 90039 (REV. 09/09)

To reorder, log onto:
<http://www.virginia.edu/uvaprint>



Anticoagulation Information

- Anticoagulation Clinic - Northridge
434-243-4544
- University Medical Associates
434-982-0245
- University Physicians at Orange
540-661-4054
- Stoney Creek Family Medicine - Nellysford
434-361-2555
- _____

Please seek immediate medical attention if you experience any of the following:

- A severe nosebleed or coughing blood
- Black, tarry stool or pink/brown urine
- Vomiting blood or passing blood in stool
- Chest pain
- Weakness or numbness on one side
- Trouble speaking, shortness of breath
- Severe headache
- Severe fall or injury to head

WHEN IN DOUBT:

Go to the Emergency Room or Call 911

INFO 90039 (REV. 09/09)

To reorder, log onto:
<http://www.virginia.edu/uvaprint>



Anticoagulation Information

- Anticoagulation Clinic - Northridge
434-243-4544
- University Medical Associates
434-982-0245
- University Physicians at Orange
540-661-4054
- Stoney Creek Family Medicine - Nellysford
434-361-2555
- _____

Please seek immediate medical attention if you experience any of the following:

- A severe nosebleed or coughing blood
- Black, tarry stool or pink/brown urine
- Vomiting blood or passing blood in stool
- Chest pain
- Weakness or numbness on one side
- Trouble speaking, shortness of breath
- Severe headache
- Severe fall or injury to head

WHEN IN DOUBT:

Go to the Emergency Room or Call 911

INFO 90039 (REV. 09/09)

To reorder, log onto:
<http://www.virginia.edu/uvaprint>



Anticoagulation Information

- Anticoagulation Clinic - Northridge
434-243-4544
- University Medical Associates
434-982-0245
- University Physicians at Orange
540-661-4054
- Stoney Creek Family Medicine - Nellysford
434-361-2555
- _____

Please seek immediate medical attention if you experience any of the following:

- A severe nosebleed or coughing blood
- Black, tarry stool or pink/brown urine
- Vomiting blood or passing blood in stool
- Chest pain
- Weakness or numbness on one side
- Trouble speaking, shortness of breath
- Severe headache
- Severe fall or injury to head

WHEN IN DOUBT:

Go to the Emergency Room or Call 911

INFO 90039 (REV. 09/09)

To reorder, log onto:
<http://www.virginia.edu/uvaprint>



Anticoagulation Information

- Anticoagulation Clinic - Northridge
434-243-4544
- University Medical Associates
434-982-0245
- University Physicians at Orange
540-661-4054
- Stoney Creek Family Medicine - Nellysford
434-361-2555
- _____

Please seek immediate medical attention if you experience any of the following:

- A severe nosebleed or coughing blood
- Black, tarry stool or pink/brown urine
- Vomiting blood or passing blood in stool
- Chest pain
- Weakness or numbness on one side
- Trouble speaking, shortness of breath
- Severe headache
- Severe fall or injury to head

WHEN IN DOUBT:

Go to the Emergency Room or Call 911

INFO 90039 (REV. 09/09)

To reorder, log onto:
<http://www.virginia.edu/uvaprint>



Anticoagulation Information

- Anticoagulation Clinic - Northridge
434-243-4544
- University Medical Associates
434-982-0245
- University Physicians at Orange
540-661-4054
- Stoney Creek Family Medicine - Nellysford
434-361-2555
- _____

Date _____

Patient _____

Next Appt _____

Warfarin

Coumadin®

Jantoven®

Tablet Strength _____

Tablet Color _____

INR today _____

Goal INR _____

New dose today: No Yes

Please tell us about any changes in your medicines, diet, or daily routine.

DAY	# OF TABLETS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE BRING THIS CARD TO ALL APPOINTMENTS

Date _____

Patient _____

Next Appt _____

Warfarin

Coumadin®

Jantoven®

Tablet Strength _____

Tablet Color _____

INR today _____

Goal INR _____

New dose today: No Yes

Please tell us about any changes in your medicines, diet, or daily routine.

DAY	# OF TABLETS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE BRING THIS CARD TO ALL APPOINTMENTS

Date _____

Patient _____

Next Appt _____

Warfarin

Coumadin®

Jantoven®

Tablet Strength _____

Tablet Color _____

INR today _____

Goal INR _____

New dose today: No Yes

Please tell us about any changes in your medicines, diet, or daily routine.

DAY	# OF TABLETS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE BRING THIS CARD TO ALL APPOINTMENTS

Date _____

Patient _____

Next Appt _____

Warfarin

Coumadin®

Jantoven®

Tablet Strength _____

Tablet Color _____

INR today _____

Goal INR _____

New dose today: No Yes

Please tell us about any changes in your medicines, diet, or daily routine.

DAY	# OF TABLETS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE BRING THIS CARD TO ALL APPOINTMENTS

Date _____

Patient _____

Next Appt _____

Warfarin

Coumadin®

Jantoven®

Tablet Strength _____

Tablet Color _____

INR today _____

Goal INR _____

New dose today: No Yes

Please tell us about any changes in your medicines, diet, or daily routine.

DAY	# OF TABLETS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE BRING THIS CARD TO ALL APPOINTMENTS

Date _____

Patient _____

Next Appt _____

Warfarin

Coumadin®

Jantoven®

Tablet Strength _____

Tablet Color _____

INR today _____

Goal INR _____

New dose today: No Yes

Please tell us about any changes in your medicines, diet, or daily routine.

DAY	# OF TABLETS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE BRING THIS CARD TO ALL APPOINTMENTS