REAL TIME DIAGNOSTICS
PT/INR SELF-TESTING MEDICATION & DOSAGE MANAGEMENT

INR and Warfarin/Coumadin Dosing Record

Name: _____

Test Date	INR Result	Dosage Change Y or N	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Dosing Healthcare Professional's Name
10/1/2014	2.3	N	Sample Information 5mg	2.5mg	5mg	2.5mg	5mg	2.5mg	5mg	Jennifer

For additional copies of this form, please contact Real-Time Diagnostics at 866-662-7897