



**Central Valley Health District
INRatio 2 Protime/INR Results**

Date: _____

Client: _____

DOB: _____

Physician: _____

Current Coumadin Dose: _____

INR/Protime results: _____

Action: _____ Results within Therapeutic range. No medication change.
Recheck Protime in _____ weeks per standing order.

_____ Results out of therapeutic range. Clinic contacted.

New Orders: _____

Nurse: _____