



**Saint Mary's**  
A member of CHW

Risk Reduction Center / Anti-Coag Clinic  
645 North Arlington Avenue, Suite 460  
Reno, Nevada 89503-4548  
(775) 770-7404 • Fax (775) 770-7474

**REFERRAL FORM**

ADDRESSOGRAPH

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9 Code:** \_\_\_\_\_

**Target INR:** \_\_\_\_\_

**MOST RECENT WARFARIN DOSE SCHEDULE:**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	WEEK TOTAL
MG								

**Pill Size (mg):** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Requested Duration of Anti-coagulation:** \_\_\_\_\_

**Most Recent INR:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Next INR Due:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

- **Please forward a copy of the patient's insurance card and any other information pertaining to their anti-coagulation.**
- **Responsibility for anti-coagulation management remains with the referring physician until the patient is physically seen at the Saint Mary's Anti-Coagulation Clinic. PLEASE CONTINUE TO FOLLOW INRs UNTIL YOU RECEIVE A FAXED PROGRESS NOTE FROM US AFTER FIRST VISIT!!**

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Referring Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

The information being disclosed to you is confidential and protected by State law. DO NOT PHOTOCOPY OR REDISCLOSE. Requests for additional copies of medical records should be directed to Saint Mary's Regional Medical Center. A FACSIMILE IS CONSIDERED AS VALID AS THE ORIGINAL.