Anticoagulation Calendar

St. Mary's REGIONAL CARDIAC CARE CENTRE

Reason for blood thinner: _____

Target INR:_____

Duration of treatment: _____

Tablet Strength: _____ mg Tablet Colour: _____

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets
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☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets
☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets	☐ INR Value: _____ Dose: _____ mg Equals _____ tablets
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