

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

RE: Anticoagulant Therapy Monitoring Results

Dear [Patient Name],

We are writing to provide you with the results of your recent blood test performed on [Date of Test] to monitor your [Name of Medication, e.g., Warfarin/Coumadin] levels.

**Test Results:**

- Your INR/Level Result: [Result]
- Your Target Range: [Target Range]

**Dosing Instructions:**

[ ] Your dose remains the same. Continue taking [Dose Amount] as previously prescribed.

[ ] Your dose has been adjusted. Starting [Date], please take your medication as follows: [New Dosage Instructions].

**Next Steps:**

Your next scheduled blood test should be completed on or before: [Next Test Date].

Please remember to watch for any signs of unusual bleeding or bruising. If you experience a serious fall, dark/tarry stools, or bleeding that will not stop, contact our office or seek emergency medical care immediately.

If you have any questions regarding these results or your medication schedule, please call our office at [Phone Number].

Sincerely,

[Provider Name/Signature]  
[Title/Department]