

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

Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

We are writing to provide you with the results of your recent coagulation blood test (PT/INR) performed on [Date of Test].

Test Results:

Your Current INR Result: [Result]
Your Target INR Range: [Target Range]

Prescription Adjustment:

Based on these results, we have adjusted your [Anticoagulant Medication Name, e.g., Warfarin] dosage as follows:

- **Monday:** [Dose]
- **Tuesday:** [Dose]
- **Wednesday:** [Dose]
- **Thursday:** [Dose]
- **Friday:** [Dose]
- **Saturday:** [Dose]
- **Sunday:** [Dose]

Next Steps:

Please start this new schedule on [Start Date]. Your next blood test is scheduled for [Next Test Date] at [Time/Location].

Safety Instructions:

Please continue to monitor for any signs of unusual bleeding or bruising. If you experience severe bleeding, dark stools, or a significant fall, contact our office immediately or seek emergency care.

If you have any questions regarding these changes, please call our office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Name]