

Community  
Anticoagulation  
Therapy  
Clinic

# 6007CATC

**Physician Acknowledgement of CAT Clinic Guidelines**

I, \_\_\_\_\_, acknowledge receipt of  
(print physician name)

CAT Clinic guidelines for:

- Guidelines for Optimal INR Range and Duration of Warfarin Therapy
- Initiation of Warfarin Guidelines
- Management of Supratherapeutic INR
- Missed/Overdue Labs
- Changing from Coumadin to Warfarin
- After Hours Coverage
- Discharge from CAT Clinic
- CAT Clinic Discharge Order
- Discontinuation Form
- Prescription Guidelines
- Warfarin Guidelines for INR Target Range of 2-3
- Warfarin Guidelines for INR Target Range of 2.5-3.5

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date