

Community

Anticoagulation

Therapy

Clinic

DOCUMENT TITLE	NUMBER	REV
Physician Acknowledgement of Guidelines Process	6007CATC	1

**PURPOSE** (outline the intent or objective of the document)

Each physician who enrolls patients in the CAT Clinic will sign the acknowledgement form indicating receipt of guidelines.

**DEFINITIONS AND ACRONYMS** (provide clear understanding to words or abbreviations that may be ambiguous)

CAT Clinic – Community Anticoagulation Therapy Clinic

**PROCEDURE/FLOWCHART** (describe the steps in which objectives are achieved; include statements, to the extent necessary, that explain the who, what, when, where, who and how)

1. The clinic assist will provide a Physician Acknowledgement of Guidelines Form (6007CATC) to each physician enrolling patients in the CAT Clinic.
2. The physician shall sign the acknowledgement form and return the form to the CAT Clinic.
3. The CAT Clinic assistant will maintain a file of acknowledgement forms.
4. If there are changes to the guidelines, a new form will be delivered to the physician for signature.

**RECORDS** (results or evidence of work performed)

Physician Acknowledgement of Guidelines Form 6007CATC

REVISION HISTORY			
Rev	Description of Change	Approval	Date
0	Initial document	J. Levett, MD	1/23/06
1	Change protocol to guideline	J. Levett, MD	2/24/06

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SAMPLE

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