

Discharge Order

Patient name: _____ BD: _____

Referring physician: _____

Date of discharge from CAT Clinic: _____

Reason for discharge:

_____ Warfarin/Coumadin discontinuation

_____ Non-compliance, CAT Clinic Coordinator to provide documentation

_____ Other (please specify) _____

CAT Clinic nurse signature: _____ Date: _____

Physician Signature: _____ Date: _____

SAMPLE

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