

Community
Anticoagulation
Therapy
Clinic

Date: _____

Dear: _____

Your physician has stopped the services you receive from the CAT Clinic due to your non-compliance with _____.

Your warfarin/Coumadin care will now be managed by your physician. Please contact Dr. _____ today or the next business day for more instructions about your warfarin/Coumadin care.

Carla S. Huber, RN MS
CAT Clinic Nurse

SAMPLE