McLaren - Flint Anticoagulation Clinic Referral Form

Please **FAX** this completed referral to the **Anticoagulation Clinic FAX # 810-342-5545 PRIOR** to your patient's first visit. If you have questions or would like to speak to a clinic employee please call 810-342-5570.

Patient Name: _____ **Birth Date** _____

Address _____ **City**_____ **State**____ **Zip Code**_____

MR# (Required)_____ **Phone#** _____

Printed Referring Physician name:_____

Office Address_____

Office Phone# _____Fax# _____

☑ **Primary Indication:** Medication Monitoring Z7901and Long term (current) use of anticoagulants Z79.01
CPTs to be billed: Initial visit: 99201 & 85610, Established Pt Visit: 99211 & 85610

Secondary Indication (Required):	**Target INR (Range) or Specify**
☐ Prophylaxis of Recurrent Venous Thromboembolism I82.90	2.5 (2.0 - 3.0)
☐ Treatment of Venous Thrombosis I82.90	2.5 (2.0 - 3.0)
☐ Treatment of Pulmonary Embolism I82.90	2.5 (2.0 - 3.0)
☐ Prevention/Treatment of Systemic Venous Embolism I82.90	2.5 (2.0 - 3.0)
☐ Prevention/Treatment of Systemic Arterial Embolism	2.5 (2.0 - 3.0)
☐ Prevention/Treatment of Tissue Heart Valves Z95.2I82.90	2.5 (2.0 - 3.0)
☐ Prevention for lower risk Mechanical Heart Valves Z95.2	2.5 (2.0 - 3.0)
☐ Prevention for high-risk Mechanical Heart Valves Z95.2	3.0 (2.5 – 3.5)
☐ Prevention/Treatment of Atrial Fibrillation I48.91	2.5 (2.0 - 3.0)
☐ Post-myocardial Infarction I25.2	2.5 (2.0 - 3.0)
☐ Factor V Leiden D68.51	2.5 (2.0 - 3.0)
☐ T.I.A. G45.9	2.5 (2.0 - 3.0)
☐ C.V.A. I67.89	2.5 (2.0-3.0)
☐ Other_____	

Expected duration of therapy and current labs/regimen:

Warfarin start date:_____ Expected Duration: _____

Current Warfarin tablet strength and regimen: _____

Most recent INR/CBC and result (if not in Cerner, please attach):_____

Physician Signature:_____ **Date:**_____**(Must be renewed annually)**

By my signature, I understand that my patient (named above) will be maintained on warfarin by the anticoagulation clinic, McLaren - Flint. This maintenance of care will be in accordance to established policies (MM-100 McLaren Flint Anticoagulation Procedures, and I grant my prescriptive authority for these agents. In the case of supratherapeutic INR with or without bleeding, I authorize the clinic to send my patient to the Mclaren - Flint or Fenton Emergency Department for vitamin K per protocol, or administer vitamin K per protocol as patient condition warrants. The clinic may schedule appropriate laboratory tests and clinic visits according to patient need within the guidelines of the clinic policies and procedures for directing anticoagulation services.

FAX completed Form to 810-342-5545
Prior to First Patient Visit