

Porter Anticoagulation Center



Are you or is someone you care about currently taking Coumadin[®] (warfarin)? If so, the Porter Anticoagulation Center is here to help!

Blood thinners (anticoagulants) like Coumadin[®] (warfarin) are used to lower the chance of blood clots forming in the body. These clots can form in your legs or lungs and may even cause stroke, heart attack, or other serious conditions. Anticoagulants are very important for your health, but if mismanaged, they can cause serious, disabling, and even life-threatening bleeding or clotting problems. Did you know that according to a recent scientific study, patients who are regularly monitored by a pharmacist-run anticoagulation clinic are 77% less likely to experience a severe bleed and 80% less likely to have clot than those managed by usual medical care?*

Studies show that at least half of patients managed by anticoagulation clinics are more likely to be within their INR range, as opposed to only one-third of those managed with usual medical care.**

Our anticoagulation specialists can provide:

- One-on-one counseling about doses, diet, and drug interactions
- Quick visits with no long wait to get in
- Same day INR results with our convenient finger-stick readings
- Warfarin dosage adjustments
- Follow-up and maintenance
- Periodic progress notes to your physician



Don't give your anticoagulation therapy the chance to become out of control; call our specialists at the anticoagulation center today! Please contact us at 303-765-6399 for more information or to make an appointment.



We are conveniently located in the Porter Adventist Hospital ER at:

2525 S. Downing
Denver, CO 80210
(303) 765-6399

Typical hours are Monday, Tuesday, Thursday and Friday from 9-5.

*According to Chiquette E, Amato MG, Bussey HI. Comparison of an anticoagulation clinic with usual medical care: anticoagulation control, patient outcomes, and health care costs. Arch Intern Med. 1998;158:1641-7.

** According to Witt DM, et al. CHEST 2005;127: 1515-1522.

Porter Adventist Hospital



2525 South Downing Street
Denver, Colorado 80210-5876
Phone: (303) 765-6500
Fax: (303) 765-6535

ANTICOAGULATION CENTER REFERRAL & AGREEMENT

Patient Name _____
Address _____
Telephone # _____
M ___ **F** ___ **DOB** _____
Insurance _____
Anticoagulation indication (ICD-9 Code) _____
Target INR _____
Duration of Therapy _____
Current Coumadin dose _____
Primary Physician _____
Physician to follow therapy _____
Last INR _____ **Date** _____

I authorize the Porter Adventist Anticoagulation Center to manage this patient's anticoagulation therapy according to the Center's protocols that have been approved by the Medical Director, and as outlined by the State of Colorado Board of Pharmacy Rules and Regulations. I understand that INRs will be ordered and performed according to the Center's guidelines, and that they will be billed to the patient's insurance with my name as the ordering physician. This standing order is effective for the three months beginning _____ and ending _____.

***Protocols are available upon request.

 Referring Physician's signature

 Physician's name (printed)

 Physician's address

 Physician's phone number

 License # _____ Date _____
 Susan Warburton, PharmD

 Susan Warburton, PharmD
 Mistie Nguyen, PharmD

 Mistie Nguyen, BSP Pharm, PharmD
 Heather Seashore, PharmD

 Heather Seashore, PharmD

PLEASE FAX TO (303) 765-6535 WITH A COPY OF FRONT AND BACK OF INSURANCE CARD AND ANY PERTINENT CLINICAL NOTES AND LABS. WE WILL CONTACT PATIENT TO SCHEDULE APPOINTMENT. THANK YOU.