LIFEBRIDGE HEALTH
CARE BRAVELY

ANTICOAGULATION CLINIC REFERRAL

Patient: _____

DOB: _____

Patient Phone #: _____

Date: _____

10003

☐ **Carroll Hospital Phone:** 410-871-6157 Fax: 410-871-7199
☐ **Grace Medical Center Phone:** 410-362-3400 Fax: 410-469-5144
☐ **Northwest Hospital Phone:** 410-521-8875 Fax: 410-701-4558
☐ **Sinai Hospital Phone:** 410-601-7303 Fax: 410-601-7304

Please attach patient's most recent H&P with updated problem list, medication list and pertinent labs (CBC, Chem7 and most recent INR), if available.

Medication: ☐ Warfarin ☐ Apixaban ☐ Rivaroxaban ☐ Edoxaban ☐ Dabigatran

Anticipated Duration: ☐ 3 Months ☐ 6 Months ☐ Life ☐ Other: _____

Warfarin Only- INR goal: ☐ INR 2.0-3.0 ☐ INR 2.5-3.5 ☐ Other: _____

ICD-10 for Anticoagulation: _____

Indication for Anticoagulation:

☐ Atrial Fibrillation/Flutter
☐ Pulmonary Embolus ☐ Isolated ☐ Recurrent
☐ Venous Thrombosis ☐ Isolated ☐ Recurrent
☐ Mechanical Heart Valve: ☐ Aortic ☐ Mitral
☐ Cardiomyopathy
☐ Cerebrovascular Accident (CVA)/Transient Ischemic Attack (TIA)
☐ Antiphospholipid Antibody Syndrome
☐ Other: _____

Pertinent Anticoagulation History: ☐ Hx of bleeding ☐ IVC filter ☐ Other: _____

Current Anticoagulation & Dose (including Bridge Therapy): _____

Patient Insurance Information:

Primary Plan Name: _____

Primary Policy #: _____ Primary Group #: _____

Insurance Phone #: _____

Primary Policy Holder Place of Employment: _____

Secondary Insurance Plan Name: (if applicable): _____

Secondary Insurance Policy and Group # (if applicable): _____

Ordering Physician Name/ Signature: _____

Phone: _____ Fax: _____

Primary Care Physician Name (if different from ordering): _____

Phone: _____ Fax: _____

This referral gives LifeBridge Health Anticoagulation Services the authority to monitor and adjust the dosage of the above anticoagulant in this patient. Please note patients will be contacted by the Anticoagulation clinic to be scheduled. Until appointments are arranged, you will be responsible for continued monitoring of the patient.

Per CMS requirement, all referrals to the Anti-Coagulation Clinic must be initiated by a Medical Provider.