

### Daily Dosage Reminder

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Coumadin® (Warfarin Sodium tablets, USP) Crystalline Results \_\_\_\_\_

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Your next appointment is: \_\_\_\_\_

Your therapeutic range is \_\_\_\_\_



Ampla Health  
935 Market Street  
Yuba City, CA  
95991

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Recordatorio del dosis diaria

Nombre del Paciente \_\_\_\_\_ Fecha \_\_\_\_\_

Domingo	Lunes	Martes	Miercoles	Jueves	Viernes	Sabado

Su proxima cita sera: \_\_\_\_\_



Su rango terapeutico es \_\_\_\_\_

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