

# Warfarin (INR) agreement and registration form

Please fill in your details below to register for the Dorevitch SMS Warfarin results service.

## Patient details

This **MUST** be filled in for **ALL** patients.

Surname \_\_\_\_\_

Given name \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_ Mobile \_\_\_\_\_

## Patient Agreement

(This section must be filled in if patients are receiving their own results)

I have read the information provided and agree to receive my Warfarin results via the SMS system.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Patient Carers Agreement

(This section must be filled in if a Carer is receiving the results)

I, (the patient's name)

Surname \_\_\_\_\_

Given name \_\_\_\_\_

agree to allow the following person to access my results by the SMS system.

### Name of Carer

Surname \_\_\_\_\_

Given name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Mobile \_\_\_\_\_

Signature of Patient (if able to comprehend and sign)

\_\_\_\_\_ Date \_\_\_\_\_

I (the Carer) have read the information provided and agree to the Patient's results being sent to me via the SMS system.

Signature of Carer accessing results

\_\_\_\_\_ Date \_\_\_\_\_

Please return this form to your nearest Dorevitch Collection Centre or scan and email to [warfarin@dorevitch.com.au](mailto:warfarin@dorevitch.com.au)