

HOLIDAY LETTER FOR PATIENT TRAVELLING INTERSTATE

Dear Pathology,

RE:

SURNAME: _____

GIVEN NAME: _____

D.O.B.: ____/____/____

The above named patient is on Warfarin anti-coagulant therapy.
This patients Warfarin doses are controlled by Dorevitch Pathology.

As the patient is not in an area serviced by Dorevitch Pathology at time
of their next INR test is due, we would be grateful if your pathology could
perform an INR test and urgently fax the result to **03 9244 0365**.

If you have any further enquiries please do not hesitate to contact the
warfarin paperwork department on Ph.: **03 9244 0200**.

Kind Regards,

Dorevitch Pathology Warfarin Department