

**DEPARTMENT FOR THE  
TREATMENT AND STUDY OF  
CARDIOTHORACIC DISEASES  
AND CARDIOTHORACIC  
TRANSPLANTATION**

DAY	MONTH	INR	Maximum mg
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Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Indication to anticoagulant therapy:

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Utilized drug:

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Recommended INR therapeutic range:

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