

Patient Name:

.....

Your brand of Warfarin medication has been changed from:

.....

to:

.....

Date medication has been changed:

.....

It is very important that you continue taking Warfarin.

Please notify your Warfarin Clinic / GP of this change as it may affect your INR.

Please arrange with your Warfarin clinic / GP for an INR blood test to be taken 5 to 7 days after you switch your Warfarin medication.