

UM Baltimore Washington Medical Center
Anticoagulation Clinic
Tate Center, Lower Level
305 Hospital Drive
Glen Burnie, MD 21061
410-787-4675



Form No.: 400031

Approved: November 15, 2018

Anticoagulation Clinic Enrollment Form

Patient Name (print): _____ Gender: [Male/Female]

Date of Birth (mm/dd/yyyy): _____ Phone Number: (____) _____

Insurance Policy

Responsible Pool: **Baltimore Washington Medical Center Anticoagulation Clinic**

Goal INR Range:

- 2.0 – 3.0 2.5 – 3.5 Other: _____

Indication for Anticoagulation Therapy (Therapeutic Drug Monitoring: ICD-10 code - z51.81) Please check from the following:

<input type="radio"/> Deep Vein Thrombosis	<input type="radio"/> Pulmonary Embolism	<input type="radio"/> Atrial Fibrillation**	Prosthetic Heart Valve <input type="radio"/> Mitral Valve <input type="radio"/> Aortic Valve
<input type="radio"/> Embolic Stroke	<input type="radio"/> Other: _____		

** If Atrial Fibrillation:

- Is cardioversion planned? YES or NO
 If YES; Anticipated cardioversion date: _____

Responsible Provider: _____ - Primary Care Physician [Y/N]

Office Phone Number: (____) _____

Date Anticoagulation Therapy Initiated: _____

Current Warfarin Dose Schedule: _____

Anticipated Length of Warfarin Therapy: _____

Referring Physician Signature: _____ Date/Time: _____

Referring Physician Name (*Printed*): _____

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**PLEASE FAX THIS COMPLETED FORM TO THE UM BWMC
ANTICOAGULATION CLINIC: 410-595-1906**

PATIENTS MAY CALL THE ANTICOAGULATION CLINIC AT 410-787-4675