Name: _____ Anticoagulant: _____ Therapeutic INR target range _____

Week	from_____ to_____							from_____ to_____							from_____ to_____							from_____ to_____							from_____ to_____							from_____ to_____						
	Mo.	Tues	Wed	Thur	Fr.	Sa.	Sun.	Mo.	Tues	Wed	Thur	Fr.	Sa.	Sun.	Mo.	Tues	Wed	Thur	Fr.	Sa.	Sun.	Mo.	Tues	Wed	Thur	Fr.	Sa.	Sun.	Mo.	Tues	Wed	Thur	Fr.	Sa.	Sun.	Mo.	Tues	Wed	Thur	Fr.	Sa.	Sun.
scheduled daily dosages																																										
daily dosages taken																																										
6,0															6,0														6,0													
5,5															5,5														5,5													
5,0															5,0														5,0													
4,5															4,5														4,5													
4,0															4,0														4,0													
3,5															3,5														3,5													
3,0															3,0														3,0													
2,5															2,5														2,5													
2,0															2,0														2,0													
1,5															1,5														1,5													
1,0															1,0														1,0													

geplante Wochendosis: