

Mount Nittany Medical Center
Pharmacy Anticoagulation (AC) Clinic
Lance & Ellen Shaner Cancer Pavilion
Phone: 814.234.6180, Fax: 814.234.6775
Email: ACClinic@mountnittany.org
Web: www.mountnittany.org/anticoag

Name: _____ DOB: _____

Indication for AC: _____

ICD-10: _____

Date of diagnosis: _____

Additional Related Diagnoses: _____

Duration of Therapy: 4 weeks 6 weeks 3 months 6 months Chronic Other: _____

Current Anticoagulant:

Warfarin: Dose: _____ INR: 2 - 3 2.5 - 3.5 Other: _____

Low Molecular Weight Heparin (LMWH)(Enoxaparin): Dose: _____ sub-q Daily BID

Direct Acting Oral Anticoagulant (DOAC): (Drug/Dose/Frequency) _____

IVC filter in place? No Yes

List any antiplatelet therapy the patient takes (e.g. aspirin, clopidogrel): _____

Do you request an anticoagulation consult? No Yes

Are you requesting the patient be switched to an alternative anticoagulant? No Yes

Change anticoagulation to: _____

Are you requesting a bridge consultation for an upcoming procedure? No Yes

Additional Comments: _____

Provider Signature: _____ / _____ / _____ Date: _____

(Signature)

(Print Name)

(NPI#)

*My signature verifies I am consulting the Anticoagulation Clinic at MNMC Pharmacy for new or ongoing AC management & therapeutic monitoring when indicated.
It also verifies my review of the AC Clinic Policy & Procedure Manual available at www.mountnittany.org/anticoag. A paper copy is available upon request.*

For evidence-based guidelines including indication/drug/duration:

1. See www.mountnittany.org/anticoag, Links for Referring Providers, "Recommendations for Chronic Oral Antithrombotic Therapy"

Instructions for Referring NEW Patients to AC Clinic: See www.mountnittany.org/anticoag, Referring New Patients link.

Referrals generated WITHIN ambulatory MNH Expanse:

1. Submit an Ambulatory referral to AC Clinic via Expanse Orders. *****Do not use this paper referral*****
2. Contact MNMC centralized scheduling (814.234.6106) to book 1st appointment.

Referrals generated OUTSIDE of Mount Nittany Health:

1. Fax (814.234.6775) completed paper referral form.
2. Fax (814.234.6775) recent past medical history, warfarin doses/INRs, current medication list.
3. Contact MNMC centralized scheduling (814.234.6106) to book 1st appointment (*this serves to provide transition of care—AC Clinic will not provide any management UNTIL patient seen for their 1st appointment*).

