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Patient Name: \_\_\_\_\_ ID \_\_\_\_\_

**PT/INR METER INSTRUCTIONS**

IMPORTANT PLEASE READ

The use of certain medications have a desired benefit of reducing the risk of blood clots or coagulation which could result in **serious injury or in extreme cases death**. It is imperative that the patient understand the risks of performing home testing with regard to monitoring the target values prescribed by their ordering physician.

**Instructions:**

1. Read the owners manual prior to testing.
2. Keep all testing supplies and meter in a cool dry place.
3. Keep the meter clean as recommended by the manufacturer. Avoid using alcohol pads unless allowed by manufacturer.
4. Perform the prescribed frequency of testing per your Doctors order.
5. Record all results in a notebook that has the date and time.
6. If results appear abnormally low or high, repeat the test. If results report the same, contact your Doctor immediately.
7. Report all results to your Doctor as required. For values out of range call your Doctor Immediately. This may require you to call after hours or weekends.
8. **Call Core Care Technologies at 888-589-6656 if you have questions or need help. Ask to speak with the Nurse.**

<p><b>Prescription:</b></p> <p>Frequency of Testing _____ per _____</p> <p>Target Value Range Between _____ and _____</p> <p>CALL Dr. _____ at _____ if</p> <p>INR is less than _____</p> <p>or</p> <p>Greater than _____</p>
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By signing below I acknowledge that have read the above instructions and will adhere to the recommendations. I will contact my Doctor immediately and understand the risks associated with home testing.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_