CARY CARDIOLOGY, P.A.

HOME INR MONITOR AGREEMENT

Patient Name: _____ **Date of Birth:** _____

MRN #: _____

Your physician has prescribed a home INR monitor. By signing below, you acknowledge that you are in the possession of the home monitor and have been informed of and understand how to properly care for and use the monitor to measure your INR.

By signing this form and utilizing home monitoring you also understand and agree to the following:

- Cary Cardiology is not responsible for any complications that may arise due to failure to use the device as instructed and/or failure to follow the recommended guidelines.
- Failure to follow recommended guidelines, failure to report INR as instructed, and/or failure to report to Cary Cardiology for follow up appointments may result in discontinued home monitoring.
- INR will be performed on the date agreed upon at the training session. Cary Cardiology recommends reporting results between the hours of **8am and 4:30pm Monday through Friday**. Testing performed outside of the recommended timeframe can cause a delay in response for dosing instructions when the INR level is out of range.
- Cary Cardiology will not call me if my INR is within range.
  In range for me is considered to be _____ to _____.
  I understand what my INR range is and understand I will remain on my current dose until my next test date.
- *If my INR is less than _____ or greater than _____ at any time, the INR should be reported to Cary Cardiology immediately.*
- **I agree to inform Cary Cardiology of any changes to my medications and to inform them of any new medications added to my regimen.**
- I agree to inform the home monitor company and Cary Cardiology of any insurance changes as this can result in billing issues.

I understand that if I chose to activate my MyChart patient portal with Cary Cardiology, I will be able to view my INR results and instructions online and can communicate questions or concerns with the clinical staff electronically.

I acknowledge that if I fail to comply with these instructions, Cary Cardiology may refuse to continue home monitoring, and I will have to test in the office.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____