

# INR Blood Test Report

<b>Patient information</b>	
Name	
Gender	Date of birth
Date of test	Medical record number
<b>Clinical history</b>	
<b>Test results</b>	
<b>Interpretation</b>	
<b>Recommendations</b>	
<b>Additional notes</b>	

**Provider's information**

Ordering physician

Provider's NPI

Contact information

A handwritten signature in black ink, appearing to be 'A. J. [unclear]' followed by a checkmark.

Name and Signature

Date