

Last Name		First Name		MI	
Patient Number					
Date of Birth					
		Month	Day	Year	
Allergies					
Use the table below to document the medication(s) given to the patient monthly for self-administration. Use the reverse side to document directly observed therapy (DOT).					

Tuberculosis Drug Record

DRUG ORDERS				
Drug	Dosage	Date Ordered	Prescription #	Date D/C
INH				
RIF				
PZA				
EMB				

Date Drug Given	INH			RIF			PZA			EMB						Given By
	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	

Treatment Observer(s)		
Initials	Print Name	Signature



Patient's Name _____ **DOB** _____

Drug	Dosage	Frequency	Date Started	Date Stopped
INTENSIVE PHASE				
INH				
RIF				
PZA				
EMB				
Rifapentine				
Moxifloxacin				
CONT. PHASE				
INH				
RIF				
Rifapentine				
Moxifloxacin				

Sputum Conversion Date: _____ Weight: _____ Reason for prolonged therapy (if indicated): _____

Enter dates for the week in the first column, then enter initials when meds are observed being ingested. Enter the name of the treatment observer and associated initial on the reverse side. Use key below if full dose not observed. Use a new sheet if more weeks are needed.

[illegible]

[illegible]