

ANTI-TUBERCULOSIS MEDICATION ORDER

Colorado Department of Public Health & Environment
 Tuberculosis Prevention and Control Program
 4300 Cherry Creek Drive South A-3
 Denver, CO 80246-1530
 303-692-2638 (Phone)
 303-759-5538 (FAX)

Send To:
 Contact: _____
 Agency: _____
 Address: _____

 Phone: _____

Patient Information

Name: _____ DOB: _____
 Weight: _____ Sex: M or F
 Allergies: _____

Current Medications: _____

New Rx _____ Refill Rx _____ Change in Rx _____

Medication(s) Requested

Drug	Dose	Instructions	Order Date												
INH															
RIF															
PZA															
EMB															
B-6															
Date Meds Received															
Date Meds Given to Patient															

Dispense Type

Is patient on Directly Observed Therapy (DOT)? Yes or No (circle one)
 Is patient on Directly Observed Preventive Therapy (DOPT)? Yes or No (circle one)
 Name of person/facility providing DOT/DOPT? _____

Restarting medications? Date: _____
 Planned treatment completion date: _____

Other significant medical information since the last drug order:

