

# 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)  
 303-691-7749 (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	Order Date	Order Date	Order Date	Order Date	Order Date	Order Date	Order Date	Order Date	Order Date	Order Date	Order Date	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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_