## **Directly Observed Therapy (DOT) Treatment Record**

	***	
	1200	
0	14-1-	
W	yoming	
	partment	
	Health	
P. 155		

Patient	 	
$D \cap B$		
Local Agency		
Physician	 	
Dragarintian		

	Medication & Dosage							
_						Adverse	Incentives or	
Date	Location	INH	RIF	PZA	EMB	Reaction*	Enablers	PH Nurse
	_							

<sup>\*</sup>Adverse reactions should be reported to healthcare provider ASAP & recorded on monthly assessment form.