Treatment Record for Latent Tuberculosis (LTBI)

Patient _____
DOB _____
Local Agency _____
Physician _____
Pharmacy _____
Prescription _____

		Medication & Dosage					
Date	Location	INH	RIF	RPT	Adverse Reaction*	Incentives or Enablers	PH Nurse

*Adverse reactions should be reported to healthcare provider ASAP & recorded on monthly assessment form.