





Wyoming Department of Health
Tuberculosis Program
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## **Active Tuberculosis Treatment Record**

Patient's Name:  TB Case Manager:  TB Medication Prescriber:						_ Clinic Name:													
										Prescribed	d TB medic	ations:							
										Medication and dosage administered									
Dose #	Date	Location	RIF	INH	PZA	EMB	MOX	Adverse Reactions	Signature of clinician										
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RIF=Rifampin INH=Isoniazid PZA=Pyrazinamide EMB=Ethambutol MOX=Moxifloxacin Location = Clinic, home, virtual, jail, facility, etc.