





Wyoming Department of Health
Tuberculosis Program
122 West 25th Street
Herschler West, Suite 310
Cheyenne, WY 82002
cdu.treatment@wyo.gov

## **Latent Tuberculosis Treatment Record**

Patient's Name:Do							0B <u>:</u>	
TB Case N	/Ianager:		Clinic Name:  Pharmacy:					
TB Medic	ation Presci	riber:						
Prescribed	TB medica	ations:						
Medication and dosage administered								
Dose #	Date	Location	Isoniazid	Rifampin	Rifapentine	Adverse Reactions	Signature of clinician	

Location = Clinic, home, virtual, jail, facility, etc.