

Latent Tuberculosis Infection (LTBI) Treatment Record

Ottawa Public Health is providing you with medication for treatment of LTBI for:

Patient Name: _____ DOB: _____

y / m / d

Name of Medication: INH Pyridoxine (Vitamin B6) Rifampin

Prescribed by: _____ Date: _____

y / m / d

Medication supplied for: 3 mos 4 mos 6 mos 9 mos 12 mos

NOTE: Please dispense only one bottle of LTBI medication at a time for patient safety purposes and to monitor compliance.

OUTCOME: Please complete this section and return to the Communicable Disease Control Program

The above patient:

Completed treatment as recommended on: _____

y / m / d

Decided not to take treatment

Moved to: _____

Stopped treatment on: _____ due to:

y / m / d

allergy

medical contraindication

side effects

Is lost to follow up (did not return for appointments)

Other (please specify): _____

Name of Health Care Provider: _____

Date: _____ Tel.: _____

y / m / d

Please return by fax or mail to:

Ottawa Public Health, Communicable Disease Control Program
100 Constellation Drive, 7th floor West, Ottawa, ON K2G 6J8 MC 26-44
Fax: 613-580-9640

OttawaPublicHealth.ca
SantePubliqueOttawa.ca

613-580-6744
TTY/ATS : 613-580-9656



/OttawaHealth
/OttawaSante

Please complete, detach and give to your patient for their records.

Name:		Date of birth:	
TST Date:	Result:	mm	
CXR Date:	Result:		
LTBI Treatment:	INH <input type="checkbox"/>	Rifampin <input type="checkbox"/>	
Start Date:	End Date:		