Directly Observed Therapy - DOT
Treatment Record for Active TB Disease

Patient Name: _____
Public Health Nurse: _____
Agency: _____
Physician: _____ _____
Pharmacy: _____
Prescription: _____ _____
_____

Date	Place of Visit	Prescribed Medications Oral meds/Dosage					*Adverse Reactions	Client Incentives & Enablers	PHN Signature
		INH	RIF	PZA	EMB				