PATIENT TRACKING SAMPLE

The treating organization providing DPHHS owned or managed cache assets to individuals must complete the information below to be retained by the local health agency. DPHHS requests each local jurisdiction retain the form for local records and provide a summary to the DPHHS DOC upon request.

Pharmaceutical Product Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Last name** | **First name** | **Age** | **Date of Initiation** | **Date of Completion** | **Clinical Outcome****(ill/not ill)** |
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Please use additional sheets as necessary.

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Treating Organization Submitted by