

Ship To:
 Name:
 Address:

 Contact Person:

Request for Anti-Tuberculosis Medications Kansas TB Control and Prevention Program

PLEASE PRINT CLEARLY

Monitor Date	Staff Initial	Patient Investigation or Case #	DOB	KDHE Use Only		Initial	Continuation	Restart	INH 100 mg x 100 tabs		INH 300 mg x 30		lot # / pharmacy #		Pyridoxine (B6)		lot # / pharmacy #		KDHE Use Only		
				Induration	Xray																

Additional medications not listed above are to be ordered on the "Request for Anti-Tuberculosis Medications Additional Medications Form".

MEDICATIONS WILL BE LIMITED TO ATS/CDC RECOMMENDED TREATMENT REGIMES

9/29/2009

Submit order by any of the following means:
 mail: KDHE TB Control Program, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274 fax: 785-291-3732

9/29/2009