



CITY OF BALTIMORE
HEALTH DEPARTMENT
BUREAU OF DISEASE CONTROL

REPORT OF ISSUANCE OF
ANTI-MYCOBACTERIAL DRUGS
 in accordance with Section 240G of Article 11
 of the Baltimore City Code (1966 Edition)

PATIENT HISTORY NUMBER

CONTROL NUMBER

SOCIAL SECURITY NUMBER

PATIENT'S NAME-LAST, FIRST, MIDDLE INITIAL

SEX

1. MALE

2. FEMALE

RACE

1. WHITE

2. BLACK

3. ASIATIC

4. OTHER

DATE OF BIRTH

MO. DAY YR.

STREET ADDRESS

CITY, TOWN, ETC.

STATE

ZIP

HEIGHT

Ft.

In.

WEIGHT

Lbs.

Kg.

NAME OF PRESCRIBING PHYSICIAN

M.D.

ADDRESS (AND HOSPITAL WARD IF APPLICABLE)

CITY, TOWN, ETC.

STATE

ZIP

NAME & ADDRESS OF REPORTING PHARMACY

CHECK (✓) ONE

1. INPATIENT

/ 2. OUTPATIENT

| ✓ DRUG (S) DISPENSED | ✓ MILLIGRAM CONTENT DISPENSED | NUMBER TO BE TAKEN EACH TIME | ✓ NUMBER OF TIMES TO BE TAKEN DAILY | | | | TOTAL NUMBER DISPENSED | PRESCRIPTION NUMBER |
|--|----------------------------------|------------------------------|-------------------------------------|--------------------------|-----------------------|--------------------------|------------------------|---------------------|
| | | | 1 | 2 | 3 | 4 | | |
| RIFAMPIN (RIFADIN, RIMACTANE) | <input type="checkbox"/> 300 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| ISONIAZID (INH) | <input type="checkbox"/> 100 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> 300 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| RIFAMPIN/ISONIAZID-Combin. (RIFAMATE) | <input type="checkbox"/> 300/150 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| ETHAMBUTOL (MYAMBUTOL) | <input type="checkbox"/> 100 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> 400 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| PYRAZINAMIDE (PZA) | <input type="checkbox"/> 500 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| * STREPTOMYCIN | <input type="checkbox"/> 1000 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| ETHIONAMIDE (TRECATOR) | <input type="checkbox"/> 250 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| PARA-AMINO SALICYLIC ACID (PAS) | <input type="checkbox"/> 500 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> 1000 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| CYCLOSERINE (SEROMYCIN) | <input type="checkbox"/> 250 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| * KANAMYCIN (KANTREX) | <input type="checkbox"/> 500 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> 1000 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| CAPREOMYCIN (CAPASTAT) | <input type="checkbox"/> 1000 | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |
| OTHER (Specify) | <input type="checkbox"/> | | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | | |

HEALTH DEPT. USE ONLY

DATE DISPENSED

NAME OF INDIVIDUAL COMPLETING THIS FORM

DATE OF REPORT

* **REPORT ONLY IF PRESCRIBED IN COMBINATION WITH AT LEAST ONE OTHER ANTI-MYCOBACTERIAL DRUG.**

CHECK IF ADDITIONAL:



FORMS NEEDED



ENVELOPES NEEDED