

WEST VIRGINIA TUBERCULOSIS CONTROL PROGRAM
MEDICATION ORDER SHEET

COUNTY _____

DATE Ordered: _____

Medication	Dosage	Size Bottle	Amt. Ordered	Date Sent	Initials
First Line Drugs					
(INH) Isoniazid	300 mg	100 tabs / btl			
(INH) Isoniazid	300 mg	1000 tabs / btl			
(INH) Isoniazid	100 mg	100 tabs / btl			
(INH) Isoniazid	50 mg/ 5 cc	16 oz. (1 pint)			
(RIF) Rifampin	300 mg	60 tabs / btl			
(RIF) Rifampin	150 mg	30 tabs / btl			
(PZA) Pyrazinamide	500 mg	100 tabs / btl			
(EMB) Myambutol	400 mg	100 tabs / btl			
(EMB) Myambutol	100 mg	100 tabs / btl			
(B6) Pyridoxine	50 mg	100 tabs / btl			
Second-Line Drugs					
BIAXIN (Clarithromycin)	500 mg	60 tabs / btl			
CIPRO	500 MG	100 tabs / btl			
<hr style="border-top: 1px dashed blue;"/>					
PPD (Purified Protein Derivative)		10 dose vial			
PPD (Purified Protein Derivative)		50 dose vial			
<hr style="border-top: 1px dashed blue;"/>					
SYRINGES 27 gauge	1/2", 1cc	100 / box			
CAPES					
Pill Bottles					
Ordered by: _____					