

**MEDICATION AND SUPPLIES ORDER FORM**

COUNTY \_\_\_\_\_ DATE \_\_\_\_\_

MEDICATION	DOSAGE	AVAILABLE DOSAGES	ORDER AMOUNT	LOT #	EXP DATE
(INH) ISONIAZID	300 MG	100 TABS/BTL			
(INH) ISONIAZID	300 MG	1000 TABS/BTL			
(INH) ISONIAZID	100 MG	100 TABS/BTL			
(INH) ISONIAZID	16 OZ / 1 PINT	50 MG/5 ML			
(RIF) RIFAMPIN	300 MG	60 CAPS/BTL			
(RIF) RIFAMPIN	150 MG	60 CAPS/BTL			
(PZA) PYRAZINAMIDE	500 MG	100 TABS/BTL			
(EMB) ETHAMBUTOL	400 MG	100 TABS/BTL			
(EMB) ETHAMBUTOL	100 MG	100 TABS/BTL			
(B6) PYRIDOXINE	25 MG	100 TABS/BTL			
BIAXIN	500 MG	60 TABS/BTL			
CIPRO	500 MG	100 TABS/BTL			
LEVAQUIN	500 MG	50 TABS/BTL			
AVELOX	400 MG	30 TABS/BTL			
MYCOBUTIN	150 MG	100 CAPS/BTL			
RIFAPENTINE	150 MG	32 TABS/PKG			
PPD		10 DOSE VIAL			
SYRINGES 27 GAUGE	1/2 INCH 1 CC	100/BOX			
CAPES		100/BOX			
PILL BOTTLES	SMALL				
PILL BOTTLES	LARGE				

ORDERED BY: _____	DATE: _____
FILLED BY: _____	DATE: _____