



# TUBERCULOSIS TREATMENT RECORD REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
TB PREVENTION AND CONTROL PROGRAM  
SFN 60198

**Please complete the entire form.** Contact the North Dakota Department of Health Tuberculosis Program at 701.328.2377 or 1.800.472.2180 if you have questions. Fax to 701.328.2499 or mail to:

Tuberculosis Prevention and Control Program  
N.D. Department of Health  
Division of Disease Control  
2635 East Main Avenue  
P.O. Box 5520  
Bismarck, N.D. 58506-5520

## PLEASE PRINT

### Client's Information

Name of Client on Treatment Record	Client's Date of Birth	Date of Request
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### Requester's Information

Name of Person Requesting Treatment Record	Number on Driver's License or Passport	Telephone Number	
Company Name			
Street Address	City	State	ZIP Code
Requester's Relationship to Client <input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Care Provider			
How would you like this information sent? Check one. <input type="checkbox"/> Mail to the requester's address above. <input type="checkbox"/> Fax to this number:			
Signature of Person Requesting Treatment Record			Date

This form will be kept on file at the North Dakota Department of Health.