



**LATENT TUBERCULOSIS INFECTION (LTBI)
 MEDICATION START DATE VERIFICATION**
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF DISEASE CONTROL
 SFN 61329 (11-2017)

TO RECEIVE MONTHLY MEDICATION REFILLS:

1. Complete the information below to confirm your patient started treatment with medication supplied by the North Dakota Department of Health (NDDoH) TB Medications Program.
2. Fax form to: **701.328.0356**.

PATIENT:

Last Name:	First Name:	Middle Name:	Date of Birth:
<input type="checkbox"/> Began Taking LTBI Medication Supplies by the NDDoH on (date):			
<input type="checkbox"/> Already Initiated LTBI Regimen with Mediation from Another Jurisdiction on (date):			
<input type="checkbox"/> Transferred From:			
<input type="checkbox"/> Did Not Start Treatment			

SHIPPING SCHEDULE (BASED ON PROVIDED START DATE)

- Second month of medication - shipped 25-26 days from start date
- Additional bottles - shipped every 25-30 days until regimen is complete

FORM COMPLETED BY:

Name:	Agency:
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PLEASE NOTIFY NDDoH ASAP OF TREATMENT INTERRUPTIONS SUCH AS:

- Patient is experiencing side-effect,
- Patient has moved or is lost to follow-up, or
- Patient is non-adherent to the regimen.

Shipments can be held or discontinued.



For more information, visit www.ndhealth.gov/tb
 or call 701.328.2378 or 800.472.2180.

