

West Virginia Department of Health – WV TB Elimination Program

Medication Dispensing Record

Patient Name: _____ DOB: _____ County: _____

The following information needs to be collected on ALL TB medication dispensed from the Local Health Department, for active and LTBI patients. Send forms to the WV TBEP once a patient has completed treatment.

Please be sure to document the following information for each bottle of medication dispensed.

Medication name and strength of medication	Amount of medication dispensed	Manufacturer of medication	Lot Number	Expiration date