MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

HEALTH AND HOSPITAL CORPORATION
DIVISION OF PUBLIC HEALTH
INDIANAPOLIS, INDIANA

Place label here

TB CONTROL MEDICATION/SERVICE REFERRAL

Name:_____ Date of Birth:_____

Address:_____ Tele: #_____
(Street)

_____ Sex: Male ____ Female ____
(City) (State) (Zip)

TB Medical History:	TB Skin Test T Spot/QTF Chest X-Ray	Date Given:_____ Date Read:_____ Date of Previous Test:_____Where:_____ Date _____ Result: _____ ***Attach Copies of all Results and all Imaging** ***Date of Most Recent CXR**:	Results: ____ mm Results: ____ mm Results:
	Bacteriology for TB	Date of Most Recent Test: Source of Specimen:	Results of: Smear _____ Culture _____
	Previous Anti-mycobacterial medications/duration:		
Pertinent Non-TB Medical History:	Drug Allergy ☐ NKA ☐ Yes (Specify) _____		
	Substance Use: ☐ None ☐ IV Drug (_____) ☐ Alcohol ☐ Tobacco ☐ Cocaine ☐ Crack ☐ Other **Past Medical History:** HIV Status: -- / + ☐ Unknown: ☐ Offered ☐ Refused Hepatitis History: ☐ Yes ☐ No ☐ Immunosuppression (non-HIV/AIDS) _____ ☐ Nutritional Disorder ☐ Other (Specify) _____ ☐ None		
	Current Medications ☐ None ☐ Yes (Specify)		
TB Treatment Indications:	Diagnosis: ☐ Latent TB Infection (Reactor) ☐ Suspect/ Case ☐ Pulmonary or ☐ Other Site (Specify)_____		
	Recent Contact to Active Case &/or Suspect: ☐None ☐ Household ☐Non-Household Close ☐ Non-Household Casual		
Sputum Collection (Pts. with positive sputum): Results will be sent to referring physician.	Spontaneous Method Only (MD will be notified if patient is unable to raise sputum) Specimens will be sent to Indiana State Department of Health: • Every two (2) weeks until three (3) consecutive smears are negative • Then monthly until patient is unable to produce sputum even if cultures are negative		

MEDICATION IS PROVIDED FREE OF CHARGE BY THE MARION COUNTY PUBLIC HEALTH DEPARTMENT

PLEASE COMPLETE MEDICATION ORDERS ON REVERSE SIDE

Name:_____ DOB:_____

Directly Observed Therapy (DOT) is the Standard of Care in the State of Indiana for all TB cases and suspects.

MEDICATION ORDERS

Current Weight _____kg Current Height _____in

As of October 1, 2017, the Marion County Public Health Department will be getting TB medication from Purdue Pharmacy.

Please utilize the following for ordering TB medication for Marion County Residents.

- **E-script**
  - In electronic medical record (EMR), search "Purdue"
  - In the free text of the script, write the patient's
    - county of residence—Purdue will send the medications to the local health department
    - language (if not English)
    - height and weight
- **Toll-free telephone number (only if e-script not available)**
  - 888-850-0037
- **Contact at Purdue Pharmacy**
  - Nicole Noel / Mary Grable
    Purdue University Pharmacy
    R. Heine Pharmacy Building, Room 118
    575 Stadium Mall Drive
    West Lafayette, IN 47907-2091
    Phone 765-494-1374
    Fax 765-496-6094 (Purdue cannot accept faxed prescriptions.)

If you need assistance, please call the Marion County Public Health Department TB Program at 317-221-2110.