

TB Dot Monthly Recording Form

Please record daily supplies by ticking the appropriate box for each medicine supplied or N/C if not collected and reason

Please transfer this data to PharmOutcomes EVERY Monday morning.

IF A PATIENT MISSES MORE THAN TWO CONSECUTIVE DAYS THEN YOU MUST CONTACT THE TB NURSES IMMEDIATELY.

PHONE NUMBER 0117 9543066 E MAIL BRISITOLTBNURSE@NHS.NET

Write Month and Year Here

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	Rifater	Ethambutol /Moxifloxacin	Voractiv	Rifinah	Pyridoxine 10mg Tablets
1st					
2nd					
3rd					
4th					
5th					
6th					
7th					
8th					
9th					
10th					
11th					
12th					
13th					
14th					
15th					

	Rifater	Ethambutol /Moxifloxacin	Voractiv	Rifinah	Pyridoxine 10mg Tablets
16th					
17th					
18th					
19th					
20th					
21st					
22nd					
23rd					
24th					
25th					
26th					
27th					
28th					
29th					
30th					
31st					