



TB DISEASE - DIRECTLY OBSERVED TREATMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DISEASE CONTROL AND FORENSIC PATHOLOGY
 SFN 54413 (6-2023)

Mail or fax at the end of the month to:
 NDHHS, Disease Control
 TB Program
 600 E Boulevard Ave., Dept. 325
 Bismarck, N.D. 58505-0250
 (701) 328.2499 (f)

Instructions: The individual witnessing directly observed treatment should initial each day DOT (directly observed treatment) is conducted and indicate type of medication administered using number from medications listing below. Send this form at the end of every month to Disease Control.

Patient Name	Date of Birth	Site Where DOT Provided
Address		Primary DOT Provider
Phone		Special Instructions

Year:																																
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Medication	Dosage	Frequency	Date Issued	MD	Changes/Deletions	Dosage	Frequency	Date	MD
1.									
2.									
3.									
4.									

Bacteriology Follow-up: Sputum Samples

Date Collected									
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Comments (use additional pages if needed): _____