LATENT TUBERCULOSIS INFECTION (LTBI) MEDICATION START DATE VERIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 61329 (06-2023)

TO RECEIVE MONTHLY MEDICATION REFILLS:

1. Complete the information below to confirm your patient started treatment with medication supplied by the North Dakota Health and Human Services (NDHHS) TB Medications Program.
2. Fax form to: **701.328.2499**

PATIENT:

Last Name:	First Name:	Middle Name:	Date of Birth:
☐ Began Taking LTBI Medication Supplies by NDHHS on (date):			
☐ Already Initiated LTBI Regimen with Mediation from Another Jurisdiction on (date):			
☐ Transferred From:			
☐ 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:

PLEASE NOTIFY NDHHS 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.hhs.nd.gov/tb or

call 701.328.2378 or 800.472.2180.