

Mycobacterium tuberculosis (TB) Medication Dispensing Report

Pursuant to [NAC 441A](#) this form may be used whenever a registered pharmacist or intern pharmacist dispenses two or more prescription drugs used for the treatment of tuberculosis (TB) requiring them to report to the Local Health Authority. The pharmacist is authorized, under [HIPAA Section 164.512b](#) "Disclosures for Public Health Activities," to release protected health information without patient consent to ensure public health and safety.



TB DRUG DISPENSING REPORT

FACILITY REPORTING	NAME OF PHARMACY:	PHARMACY PHONE NUMBER:
	ADDRESS OF PHARMACY:	
	NAME OF PHARMACIST OR INTERN PHARMACIST	
	FIRST NAME: LAST NAME:	
	DATE PRESCRIPTION FILLED: :	
	mm/dd/yyyy MILITARY TIME	
	DATE AND TIME THE LOCAL HEALTH AUTHORITY WAS NOTIFIED: :	
	mm/dd/yyyy MILITARY TIME	

PROVIDER INFORMATION	NAME OF PRESCRIBING HEALTH CARE PROVIDER:	
	FIRST NAME: LAST NAME:	
	PHONE NUMBER:	DATE PRESCRIPTION WRITTEN:
		mm/dd/yyyy
	ADDRESS:	
COMMENTS:		

PATIENT INFORMATION	PATIENT NAME:	PHONE NUMBER:
	FIRST NAME: LAST NAME:	
	ADDRESS:	DATE OF BIRTH:
		mm/dd/yyyy
	CITY: STATE:	
COMMENTS:		

Check All That Apply			
Only report if two or more boxes are checked and a report has not previously been submitted for this patient			
MEDICATION DISPENSED	<input type="checkbox"/> Ethambutol	<input type="checkbox"/> Pyrazinamide	<input type="checkbox"/> Rifampin
	<input type="checkbox"/> Isoniazid	<input type="checkbox"/> Streptomycin	<input type="checkbox"/> Rifabutin
	<input type="checkbox"/> Other:		