



TB DISEASE - DIRECTLY OBSERVED TREATMENT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
 SFN 54413 (10-02)

Mail or fax at the end of the month to:
 TB Program
 Division of Disease Control
 North Dakota Department of Health
 2635 E. Main Ave., PO Box 5520
 Bismarck, N.D. 58506-5520
 Fax: (701) 328.2499

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