TB Medication Dose Count Worksheet

Patient Name: _____ DOB: _____

Start Date: _____ Projected end of treatment: _____

Month	Doses		Weeks		Comments
	Monthly	Total	Monthly	Total	Indicate daily, 3X/wkly, TX interruptions, etc.

Number of Doses/Weeks of PZA: _____. Must complete 8 weeks of PZA before discontinuing.

☐ Regimen 1: 182-130 doses (26 wks.) **☐ Extended continuation phase Regimen 1: 192- 273 doses (39 wks.)**

☐ Regimen 2: 110-94 (26 wks.) **☐ Extended continuation phase Regimen 2: 149-133 doses (39 wks.)**

http://cid.oxfordjournals.org/content/63/7/e147 **See Table 2 for Regimens**

☐ Extended treatment. Indicate length of treatment: _____