



SUPPLY TO: (Indicate full address of Health Unit or Dept) Tel: ()	MAIL or FAX COMPLETED FORM TO: BCCDC Pharmacy BC Centre for Disease Control 655 12 th Avenue West Suite 1100 Vancouver, BC V5Z 4R4 Tel: (604) 707-2580 Fax: (604) 707-2583
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COMPUTER CODES <i>(Pharmacy Use Only)</i>	UNIT DESCRIPTION	DIRECTIONS FOR USE	NUMBER OF UNITS REQUESTED
INH.15	30 isoniazid 300 mg tablets	300 mg once a day x 30 days	
RMP.35	60 rifampin 300 mg capsules	600 mg once a day x 30 days	
EMB.55	60 ethambutol 400 mg tablets	800 mg once a day x 30 days	
PZA.65	90 pyrazinamide 500 mg tablets	1,500 mg once a day x 30 days	
PYR.71	30 pyridoxine 25 mg tablets	25 mg once a day x 30 days	
INHS300 ^A	300 mL isoniazid syrup (10 mg per mL)	Use as directed.	
RMP.23	90 rifampin 150 mg capsules	450 mg once a day x 30 days	
EMB.43	60 ethambutol 100 mg tablets	200 mg once a day x 30 days	
EMB.120	90 ethambutol 400 mg tablets	1,200 mg once a day x 30 days	
PZA.75	75 pyrazinamide 500 mg tablets	1,250 mg once a day x 30 days	
PYR.50 ^B	60 pyridoxine 25 mg tablets	50 mg once a day x 30 days	
OTHER: Please specify below:			

^A unit size change to 300 mL (replaces 250 mL bottle)
^B unit contains 2 x 25 mg dose tablets for 30 day-supply (replaces PYR.83)

Schedule 1 medications are provided for public health use for tuberculosis only.

Physician or Nurse Practitioner Name: _____

Date:

Physician or Nurse Practitioner Signature: _____

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