Monitoring Tool 1: Drug-O-Gram

Drug-O-Gram

SUMMARY DATE:	NAME:	DOB:	HEALTH DEPARTMENT:	TREATING PHYSICIAN:	FILE NO:

TREATMENT REGIMEN

Date	Wt.	INH	RIF	PZA	EMB	SM	KM	AK	CM	PAS	ETA	LFX	CS		

BACTERIOLOGY

Date	spec	sm/cult	Comments

SUSCEPTIBILITY RESULTS

Date	Spec.	Lab	INH	RIF	PZA	EMB	SM	KM	AK	CM	PAS	ETA	LFX	CS	RFB				Reported

Treatment Key: ● = DOT; ▲ = SAT

Adapted from LA County TB Control Program Drug-O-Gram