



Public
Health

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**Request for Provider Order for TB Services for Mutual Patient
Direct Observed Therapy (DOT) and Sputum Collection**

Today's Date: _____

Patient Name: _____

Date of Birth: _____

Pt Weight: _____ Kg on Date: _____

This patient is to be placed on DOT for the duration of TB treatment.

Current TB Treatment Regimen for TB:

- ☐ Isoniazid 300 mg x _____ = _____ mg total daily dose
- ☐ Rifampin 300 mg x _____ = _____ mg total daily dose
- ☐ Ethambutol 400 mg x _____ = _____ mg total daily dose
- ☐ Pyrazinamide 500 mg x _____ = _____ mg total daily dose

Sputum Collection Orders (check all that apply)

- ☐ Collect initial series of three (8-24 hours apart, including at least one in early AM)
- ☐ Collect at least weekly until AFB smear conversion negative x 3
- ☐ Collect monthly until culture conversion documented

Provider Name (print): _____

Provider Signature: _____

Date: _____

FOR PUBLIC HEALTH USE ONLY
ASSIGNMENT OF BENEFITS

I hereby assign and convey directly to Kern County Department of Public Health Services, as my designated authorized representative reimbursement (if any) including Medicare, otherwise payable to me for any services rendered or provided by Kern County Department of Public Health Services, regardless of its managed care network participation status. I understand that I am financially responsible for all charges regardless of applicable insurance or benefit payments. I hereby authorize Kern County Department of Public Health Services to release all medical information necessary to process my claims.

Signature of patient (or personal representative):

Date:

Please fax return to 661-868-0261 - Kern County TB Control. Thank you!

Grounded in Health

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