

**Mycobacterium tuberculosis (TB) Medication Dispensing Report**

Pursuant to [NAC 441A](#) this form may be used whenever a registered pharmacist or intern pharmacist dispenses two or more prescription drugs used for the treatment of tuberculosis (TB) requiring them to report to the Local Health Authority. The pharmacist is authorized, under [HIPAA Section 164.512b](#) "Disclosures for Public Health Activities," to release protected health information without patient consent to ensure public health and safety.



**TB DRUG DISPENSING REPORT**

<b>FACILITY REPORTING</b>	<b>NAME OF PHARMACY:</b>		<b>PHARMACY PHONE NUMBER:</b>	
	<b>ADDRESS OF PHARMACY:</b>			
	<b>NAME OF PHARMACIST OR INTERN PHARMACIST</b>			
	FIRST NAME:		LAST NAME:	
	<b>DATE PRESCRIPTION FILLED:</b>		MILITARY TIME	
	mm/dd/yyyy			
<b>DATE AND TIME THE LOCAL HEALTH AUTHORITY WAS NOTIFIED:</b>				MILITARY TIME
	mm/dd/yyyy			

<b>PROVIDER INFORMATION</b>	<b>NAME OF PRESCRIBING HEALTH CARE PROVIDER:</b>			<b>DATE PRESCRIPTION WRITTEN:</b>
	FIRST NAME:		LAST NAME:	
	<b>PHONE NUMBER:</b>			
	<b>ADDRESS:</b>			
	<b>COMMENTS:</b>			

<b>PATIENT INFORMATION</b>	<b>PATIENT NAME:</b>		<b>PHONE NUMBER:</b>	
	FIRST NAME:		LAST NAME:	
	<b>ADDRESS:</b>			
	<b>CITY:</b>		<b>STATE:</b>	
	<b>COMMENTS:</b>		<b>DATE OF BIRTH:</b>	
	mm/dd/yyyy			

<b>Check All That Apply</b>			
<b>Only report if two or more boxes are checked and a report has not previously been submitted for this patient</b>			
<b>MEDICATION DISPENSED</b>	<input type="checkbox"/> Ethambutol	<input type="checkbox"/> Pyrazinamide	<input type="checkbox"/> Rifampin
	<input type="checkbox"/> Isoniazid	<input type="checkbox"/> Streptomycin	<input type="checkbox"/> Rifabutin
	<input type="checkbox"/> Other:		

FAX completed form to:

Clark County (702) 759-1454  
Washoe County (775) 328-3764

Carson City (775) 887-2138  
Rest of State (775) 684-5999