



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

SUPPLY TO: (Indicate full address of Health Unit or Dept) Tel: ()	MAIL COMPLETED FORM TO: Vaccine and Pharmacy Services 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>	DESCRIPTION	DIRECTIONS AND DURATION	NUMBER OF UNITS REQUESTED
INH.15	30 Isoniazid 300 mg	300 mg once a day x 30 days	
RMP.35	60 Rifampin 300 mg	600 mg once a day x 30 days	
EMB.55	60 Ethambutol 400 mg	800 mg once a day x 30 days	
PZA.65	90 Pyrazinamide 500 mg	1,500 mg once a day x 30 days	
PYR.71	30 Pyridoxine 25 mg	25mg once a day x 30 days	
INHS	250 mL Isoniazid Syrup (10 mg per mL)	Use as directed.	
PYR.83	30 Pyridoxine 50 mg	50 mg once a day x 30 days	
PYR.97	30 Pyridoxine 100 mg	100 mg once a day x 30 days	
RMP.23	90 Rifampin 150 mg	450 mg once a day x 30 days	
RMP.21	30 Rifampin 150 mg	150 mg once a day x 30 days	
EMB.43	60 Ethambutol 100 mg	200 mg once a day x 30 days	
EMB.51	30 Ethambutol 400 mg	400 mg once a day x 30 days	
PZA.61	60 Pyrazinamide 500 mg	1,000 mg once a day x 30 days	
OTHER: Please specify below:			

Signature of Nurse ordering these units: _____ Date: ____/____/____

Signature of Authorizing Physicians: _____ Date: ____/____/____