



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

<b>SUPPLY TO:</b> (Indicate full address of Health Unit or Dept)  Tel: (     )	<b>MAIL COMPLETED FORM TO:</b> Vaccine and Pharmacy Services BC Centre for Disease Control 655 12 <sup>th</sup> Avenue West Suite 1100 Vancouver, BC V5Z 4R4  Tel: (604) 707-2580 <b>Fax: (604) 707-2583</b>
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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	
<b>OTHER: Please specify below:</b>			

Signature of Nurse ordering these units: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Authorizing Physicians: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_