Virginia Department of Health
Clinician Assessment/Progress Notes/Orders

Last Name _____ First Name _____ DOB_____
Webvision #

Clinician Assessment/Progress Notes

Clinician Orders:

		Labs
☐ Isoniazid	____ mg P.O. Qd BIW TIW x ____ doses	☐ HIV
☐ Rifampin	____ mg P.O. Qd BIW TIW x ____ doses	☐ Chemistry
☐ Pyrazinamide	____ mg P.O. Qd BIW TIW x ____ doses	☐ CBC
☐ Ethambutol	____ mg P.O. Qd BIW TIW x ____ doses	☐ Other
☐ Pyridoxine	____ mg P.O. Qd BIW TIW x ____ doses	
☐ Meds by DOT		
☐ Other		

Date: **Clinician Signature: _____**

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