Manitoba

Latent TB Treatment Prescription

Fax Prescription to (choose the one appropriate):

○ **The Prescription Shop**
3-555 Balmoral Street, Winnipeg, MB
🖷 204-944-0957 ☎ 204-944-0954

○ **Shawano Pharmacy**
2-2521 McPhillips Street, Winnipeg, MB R2V 4M3
🖷 204-944-1540 ☎ 204-944-1577

- **For FNIHB clients in Berens River, Bloodvein, Brokenhead, Hollow Water, Little Black River, Little Grand Rapids, Pauingassi, Poplar River**

○ **SpiritRx Services** (formerly Grand Medicine)
15-801 Century Street, Winnipeg, MB R3H 0C3
🖷 204-885-7504 ☎ 204-885-0768

- **For all other rural/remote FNIHB communities**

○ **Other:**

To the Pharmacist

This prescription is:
○ new prescription
○ addition to previous prescription
○ to replace previous prescription
○ to begin after previous prescription complete
○ replacement doses

Please supply as:
○ blister pack *(default unless specified)*
○ bulk bottle
○ liquid bulk bottle
○ liquid unit dose

Additional dispensing info:

Patient Name: ..... Date: .....

DOB: ..... PHIN: ..... Gender: M / F

Address: .....

Treaty #: ..... Band: .....

Weight: ..... Allergies: .....

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Choose one or more of the following as applicable:

○ Directly Observed – 1 x weekly

○ Directly Observed – 2 x weekly

○ Directly Observed – 3 x weekly

○ Patient Self-Administer – Daily
(Dispense to patient)

Isoniazid _____ mg PO X _____ doses

RifAMPin _____ mg PO X _____ doses

Pyridoxine _____ mg PO X _____ doses

Rifapentine _____ mg PO X _____ doses

Prescriber Signature: .....

Prescriber Name: ..... License No.: .....

Address: .....

Tel.: ..... Fax: ..... Date: .....